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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

A Fo	the 2	010 ca	, , , ,	ning 06-01-2010 and ending 05-31-	-2011		D 5		identificatio		
_		plicable	C Name of organization ITHACA COLLEGE					•		on number	
_	ress cha ne chan	-	Doing Business As					0532			
_	al retur	_						E Telephone number			
┌ Ten	nınated		953 DANBY ROAD	f mail is not delivered to street address)	Ro	oom/suit			4-3118	. 202	
_	ended ro lication	eturn pending	City or town, state or country, an ITHACA, NY 148507002	d ZIP + 4			G Gros	s recei	pts \$ 346,945	,383	
			F Name and address of p CARL SGRECCI	rincipal officer	Н	(a) Ist	hıs a group retui	n for affi	iliates? Yes	✓ No	
			953 DANBY ROAD ITHACA,NY 148507002	2	н		e all affiliates i "No," attac		d? st (see inst	Yes No	
Tax	r-exem	pt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 527	— Н	(c) ^G	roup exemp	tion r	number 🟲		
J W	ebsit e	: ► ww	W ITHACA EDU								
K Forn	n of org	anızatıon	Corporation Trust Associa	tion Other ►	·	L Year o	f formation 1	.892	M State of le	gal domicile NY	
Pa	rt I	Sum	mary								
Governance	T L H P I N	O INCL IBERAL IUMANI ROGRA NTEGRA IONDEN	LUDE OTHER PROFESSIONA LARTS CURRICULA THAT HA ITIES AND SCIENCES AS A MS, PROFESSIONAL AND LI AL PARTS OF A TOTAL ACA NOMINATIONAL INSTITUTI TUDIES THE COLLEGE SEEK	RLY DECADES OF THE TWENTIETH L FIELDS, AND AT MID-CENTURY, AVE GRADUALLY EVOLVED INTO RESULT OF THIS UNUSUAL HISTO (BERAL STUDIES AT ITHACA COL DEMIC PROGRAM ITHACA COLLEO ON OFFERING A BROADLY DIVERS (S DIVERSITY IN ITS STUDENT BO THOUT REGARD TO RACE, CREED	THE IN THE LAF DRY OF LEGE AF GE IS A SIFIED I	STITU RGE AN INTER RE TO D FULLY PRO GR	TION BEG ND DIVERS WEAVING, DAY MUTU ACCREDI RAM OF PR ITS APPLI	AN DI ESC TWO ALLY TED, OFES	EVELOPIN HOOL OF DISTINCT SUPPORT COEDUCA SIONAL A	G THE - IVE AND TIONAL, ND LIBERAL	
Activities &	_										
Ě			,	discontinued its operations or dispos		ore tha	n 25% of ıt	s net	assets		
AC				rning body (Part VI, line 1a)				3		35	
				s of the governing body (Part VI, line n calendar year 2010 (Part V, line 2:		• •	•	5		5,784	
			mber of volunteers (estimate i		,	-		6		0	
	7a ⊤	otal uni	related business revenue from	Part VIII, column (C), line 12 .				7a		-141,760	
	ЬN	let unre	lated business taxable income	e from Form 990-T, line 34				7b		-228,728	
	8	Contri	butions and grants (Part VIII.	line 1h)			rior Year 17,768	368	Curre	18,522,159	
₽	9		m service revenue (Part VIII,	_		260,024	2	273,329,996			
Revenue	10	Invest	ment income (Part VIII, colur	mn (A), lines 3, 4, and 7d)			1,874	,962		4,326,259	
_	11), lines 5, 6d, 8c, 9c, 10c, and 11e)	—		1,172	1,172,699		5,874,828	
	12			.1 (must equal Part VIII, column (A)), line		280,840	,582	3	302,053,242	
	13			rt IX, column (A), lines 1-3)			83,732	,886		85,729,885	
	14			t IX, column (A), line 4)	_			0		0	
Expenses	15	10)		yee benefits (Part IX, column (A), lin				113,422,519		114,664,490	
क ≘	16a b			X, column (A), line 11e)	· -		2	,072		0	
Ŋ	17		ndraising expenses (Part IX, column expenses (Part IX, column (A	(D), line 25) 2,732,337), lines 11a-11d, 11f-24f)			66,942	.061		68,924,253	
	18			nust equal Part IX, column (A), line 2	_		264,099	-	2	269,318,628	
	19	Reven	ue less expenses Subtract lın	e 18 from line 12			16,741	,044		32,734,614	
Net Assets or Fund Balances						Beginr	ning of Curr Year	ent	End o	of Year	
See Bake	20						607,707	,612	(585,798,549	
de de la composition de la com	21						245,415	'		257,157,357	
	22 t III		ature Block	ct line 21 from line 20	•		362,292	,231		128,641,192	
Under	penalt edge a	ties of pe	erjury, I declare that I have exam	ined this return, including accompanyi e. Declaration of preparer (other than o							
		****					2012-04-11				
Sign Here		CARL	iture of officer SGRECCI VP FINANCE & ADMINISTR or print name and title	ATION			Date				
		Print/Type	2	Preparer's signature JEFFREY J GORSKY	Date		Check if s	elf-	PTIN		
Paid	Ī	preparer's Fırm's nar	ne SCIARABBA WALKER & CO LLP	JELLKET J GOKSKY			Employed	<u>' </u>	Fırm's EIN	<u> </u>	
Prepa Use 0	11	Fırm's add	Iress ▶ 200 E BUFFALO ST SUITE 402	2						(607) 272-	
		S discus	ITHACA, NY 14850	shown above? (see instructions) .					5550 ✓ Yes	Гио	

Forn	n 990 (2010)	Pag
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	দ
GROTHR KNO BEN THE PRO CON	Briefly describe the organization's mission PROVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, ITHACA COLLEGE IS DEDICATED TO FOSTER WITH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS THE ITHACA IVES ON THE PRINCIPLES THAT KNOWLEDGE IS ACQUIRED THROUGH DISCIPLINE, COMPETENCE IS EVELOPED WHEN COMPETENCE IS EXELOPED WHEN COMPETENCE IS EXPLOYED WHEN COMPETENCE IS EXPLOYED WHEN COMPETENCE IS A RIGOROUSEDUCATION BLENDING LIBERAL ARTS AND GRAMS OF STUDY OUR TEACHING AND SCHOLARSHIP ARE MOTIVATED BY THE NEED TO BE INFORMING TRIBUTE TO, THE WORLD'S SCIENTIFIC AND HUMANISTIC ENTERPRISES LEARNING AT ITHACA EXTENSIONAL, AND EXTRACURRICULA SSROOM TO ENCOMPASS A BROAD RANGE OF RESIDENTIAL, PROFESSIONAL, AND EXTRACURRICULA	COLLEGE COMMUNITESTABLISHED WHEN RCISED FOR THE LUE OF COMBINING PROFESSIONAL EDBY, AND TO ENDS BEYOND THE
2	·	Yes ▼ No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_ Yes
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 168,972,612 including grants of \$ 85,729,885) (Revenue \$	224,779,050)
	INSTRUCTION, RESEARCH, AND PUBLIC SERVICE ITHACA COLLEGE ENROLLS ALMOST 7,000 STUDENTS AND OFFERS PRIMARILY UNI SEVERAL PROFESSIONAL AREAS AND THE ARTS AND SCIENCES THESE SERVICES ARE THE COLLEGE'S PRIMARY MISSION	DERGRADUATE DEGREES IN
	(Code) (Expenses \$ 25,988,120 including grants of \$) (Revenue \$	48,550,946)
	AUXILIARIES SERVICES PROVIDED TO STUDENTS INCLUDING RESIDENCE, DINING HALLS, AND BOOKSTORE AND ENHANCE THE COL	LEGE EXPERIENCE
4c	(Code) (Expenses \$ 19,440,090 including grants of \$) (Revenue \$)
	ACADEMIC SUPPORT OFFICE OF THE DEANS, LIBRARY, ACADEMIC COMPUTING, AND CLIENT SERVICES, CONTINUING EDUCATION, AND ETHNICITY AND INTERNATIONAL PROGRAMS THESE SERVICES SUPPORT THE COLLEGE'S PRIMARY MISSION OF INSTRUCTION, I	
4d	Other program services (Describe in Schedule O) See also Additional Data for Description	
	(Expenses \$ 20,006,152 including grants of \$) (Revenue \$)
4e	Total program service expenses►\$ 234,406,974	

Part TV	Checklist	of Red	nuired	Schedu	les
	CIICCNIISC	01 1/0/	auncu	Julicuu	100

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, 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 term, permanent,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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 assistance to any organization or entity located outside the U S ? 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 assistance to individuals located outside the U S ? 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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 407			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	res	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country ►UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	79		
••	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
_	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
,	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
	facilities	1		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	agamat amounts due of received from them.)	1		
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No
	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	14h		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
0	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? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure	100		<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
5	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 CARL SGRECCI VP OF FINANCE & ADMIN 953 DANBY ROAD ITHACA COLLEGE ITHACA, NY 148507002

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

	(A) Name and Title	(B) A verage hours per		(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ited fother	
		week (describe of describe of	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	ıs	from t organizati relati organiza	:he on and ed					
See A	dditional Data Table												
1b	Sub-Total							Þ					
_с	Total from continuation sheets	to Part VII, See	tion A	•		•	•						
d	Total (add lines 1b and 1c) .			•	•	•		•	2,298,689		0		389,780
2	Total number of individuals (inc \$100,000 in reportable compe						above) who	received more tha	n			
3	Did the organization list any fo i							ee, o	r highest compens	ated employee		Yes	No
	on line 1a? If "Yes," complete Sc	hedule J for such	ındıvıdı	ual		•	•	•			3		Νo
4	For any individual listed on line organization and related organization and related organization.	zations greater t									4	Yes	

			1 63	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THE PIKE COMPANY ONE CIRCLE STREET ROCHESTER, NY 14607	GENERAL CONTRACTOR - ATHLETICS & EVENTS	24,695,329
SODEXO 9801 WASHINGTONIAN BLVD GAITHERBURG, MD 20878	FOOD SERVICE MANAGEMENT	6,846,507
WELLIVER MCGUIRE INC 250 NORTH GENESEE STREET MONTOUR FALLS, NY 14865	CONSTRUCTION MANAGEMENT	1,017,805
CHRISTA CONSTRUCTION LLC 119 VICTOR HEIGHTS PARKWAY VICTOR, NY 14584	CONSTRUCTION MANAGEMENT	968,310
STREETER ASSOCIATES 101 EAST WOODLAWN AVE ELMIRA, NY 14902	CONSTRUCTION MANAGEMENT	906,375
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Form 9	•	· · · · · · · · · · · · · · · · · · ·					Pag	e 9
Part					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns	1d 1e 1d 1f 1a-1f \$	3,631,540 14,890,619 287,701	40 522 450			
Program Service Revenue	2a b c d e	TOTAL. A dd lines 1a-1f TUITION & FEES ROOM BOARD SALES-EDUCATION DEPART CONFERENCES All other program service rever	nue	900099 721000 722210 611710	31,603,771 11,154,902 4,606,955 1,185,318	224,779,050 31,603,771 11,154,902 4,606,955 1,185,318		
<u>&</u>	3 4 5 6a b	Total. Add lines 2a-2f Investment income (including of and other similar amounts) . Income from investment of tax-exem Royalties Gross Rents Less rental expenses Rental income	Ividends, interest pt bond proceeds	(II) Personal	273,329,996 1,252,211		-221,577	1,473,788
•	d 7a b c	or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 42,812,598 39,752,010 3,060,588	(II) O ther 72,283 58,823 13,460	3,074,048			3,074,048
Other Revenue	8a b c 9a b c 10a b c	Gross income from fundraising (not including \$ of contributions reported on line See Part IV, line 18 Less direct expenses Net income or (loss) from fundr Gross income from gaming acti Less direct expenses Net income or (loss) from gaming acti Less direct expenses Net income or (loss) from gaming acti Less direct expenses Less cost of goods of inventory, less returns and allowances . Less cost of goods sold Net income or (loss) from sales Miscellaneous Revenue GAIN ON TERMINATION OF	events a b aising events vities See Part IV, line 19 . a b ng activities a b of inventory ————————————————————————————————	6,923,630 5,081,308 Business Code 900004	1,842,322 2,658,455 1,374,051			1,772,103 2,658,455 1,364,453
	12	Total revenue. See Instructions	· · · · · · · · · · · · · · · · · · ·		302,053,242		-141,760	10,342,847

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21										
2	Grants and other assistance to individuals in the U S See Part IV, line 22	85,729,885	85,729,885								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	1,745,767		1,745,767							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	86,331,763	71,223,704	13,513,856	1,594,203						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,539,556	3,821,462	1,613,396	104,698						
9	Other employee benefits	14,912,804	10,312,204	4,312,783	287,817						
10	Payroll taxes	6,134,600	4,232,874	1,772,899	128,827						
а	Fees for services (non-employees) Management										
b	Legal	191,487	19,149	172,338							
c	Accounting	172,690	3,454	169,236							
d	Lobbying										
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees	715,093		715,093							
g	Other	9,915,465	8,428,145	1,487,320							
12	Advertising and promotion	282,645	118,711	87,620	76,314						
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy	5,969,896	5,671,401	298,495							
17	Travel	3,835,208	3,068,167	671,161	95,880						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	7,971,690	7,971,690								
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	16,026,276	14,904,437	1,121,839							
23	Insurance	2,646,984	1,720,540	926,444							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)										
а	SUPPLIES	5,753,575	4,827,250	863,036	63,289						
Ь	RENTALS AND LEASES	3,357,814	2,551,939	772,297	33,578						
С	ENTERTAINMENT	2,480,666	2,480,666								
d	REPAIRS AND MAINTENANCE	2,461,354	1,796,788	639,952	24,614						
e	LIVING EXPENSES	2,001,761	2,001,761								
f	All other expenses	5,141,649	3,522,747	1,295,565	323,337						
25	Total functional expenses. Add lines 1 through 24f	269,318,628	234,406,974	32,179,097	2,732,557						
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Part X Balance Sheet (A) (B) Beginning of year End of year 140,276 740,225 1 81,583,720 2 87.935.632 2 Savings and temporary cash investments 16,245,111 4,638,913 3 2,419,895 2,051,456 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 9,060,084 9,382,787 8 1,055,535 727,735 4,175,413 4,829,132 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 527,906,041 10a Part VI of Schedule D 179,018,040 ь Less accumulated depreciation 10b 317,553,042 **10c** 348.888.001 102.526.012 11 11 119.788.087 71,964,383 89,662,441 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 984,141 15 17,154,140 15 16 607,707,612 16 685,798,549 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 34.010.477 17 37,931,375 17 Accounts payable and accrued expenses . 18 18 6.332.289 5.866.665 19 19 141,633,305 190,469,541 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 63,439,310 25 22.889.776 Other liabilities Complete Part X of Schedule D 26 245.415.381 26 257, 157, 357 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 258,154,663 287,308,219 Temporarily restricted net assets 69,858,309 106,345,889 28 28 Fund 34,279,259 29 34,987,084 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 362,292,231 33 428,641,192 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 607,707,612 685,798,549

Pa	Check if Schedule O contains a response to any question in this Part XI			. 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		302.0	053,242
2	Total expenses (must equal Part IX, column (A), line 25)	2			318,628
3	Revenue less expenses Subtract line 2 from line 1	3		•	, 34,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		362,2	292,231
5	Other changes in net assets or fund balances (explain in Schedule O)	5		33,6	514,347
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		428,6	541,192
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ァ	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	n			
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

DLN: 93493102002022

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

II HAC	A COLL										
		15-0532204									
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruction is not a private foundation because it is (For lines 1 through 11, check only one box)	tions								
	ngaill.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
1	<u> </u>										
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	ı	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	t describe	d ın							
	_	section 170(b)(1)(A)(iv). (Complete Part II)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the described in	e general	public							
	_	section 170(b)(1)(A)(vi) (Complete Part II)									
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)	•								
9	ı	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									
			om busine	esses							
40	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			_						
11	1	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d	•	a)(3).	Check						
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)	•	•							
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	oporting o	rganız	ation,						
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No						
		and (III) below, the governing body of the the supported organization?	11g(i)								
		(ii) a family member of a person described in (i) above?	11g(ii)								
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)								
h		Provide the following information about the supported organization(s)									

(i) Name of supported organization	(iii) Type of organization (ii) (described on EIN lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support	
		,	Yes	No	Yes	No	Yes	No	
 Total									

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pic	case complet	c raic III.			
S	ection A. Public Support		_							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual									
	grants ")									
2	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its									
_	behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column									
	(f)									
6	Public Support. Subtract line 5 from									
Ü	line 4									
S	ection B. Total Support	1				I				
	endar year (or fiscal year beginning									
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	A mounts from line 4									
8	Gross income from interest,									
0	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
	sources									
9	Net income from unrelated									
-	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)									
11	Total support (Add lines 7									
	through 10)									
12	Gross receipts from related activities	es, etc (See inst	ructions)			12				
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,			
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14				
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15				
							 			
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec				
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -			
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶			
r/a	'a 10%-facts-and-circumstances test – 2010. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported									
	_	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F			
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1			
ט	15 is 10% or more, and if the organ									
	Explain in Part IV how the organizat			•		<u>-</u>	clv			
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯			
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1			
	instructions	a.a not eneck	, on mic 19,	, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □			

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493102002022

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to 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," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Se If the	ction 501(c)(3) organizations that	t have filed Form 5768 (election under thave NOT filed Form 5768 (election us," to Form 990, Part IV, Line 5 (Progrations, Complete Part III	inder section 501	I(h)) Complete Part II-B Do n	not complete Part II-A
Na	me of the organization	edione complete rare iii		Employer iden	ntification number
IIH	ACA COLLEGE	15-0532204			
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganization's direct and indirect politi	cal campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Dar	+T-D Complete if the or	ganization is exempt under	section EO1/	(c)(3)	
1	<u> </u>	e tax incurred by the organization un			
2	·	e tax incurred by organization manag			φ
3		ection 4955 tax, did it file Form 472		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	→ Yes
4a	Was a correction made?		, ,		Γ Yes Γ No
b	If "Yes," describe in Part IV				,
		ganization is exempt under	section 501(c) except section 501	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to ot	her organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments F amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fr irectly delivered	om the filing organization's f I to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	•	(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		17,088	
j	Total lines 1c through 1i			17,088	
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				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER	PART II-B, LINE 1I	MEMBERSHIP DUES PAID TO VARIOUS ORGANIZATIONS
LOBBYING ACTIVITIES		THAT LOBBY AS PART OF THEIR ACTIVITIES

1

DLN: 93493102002022

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

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

Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99			or Accounts	s. Complete	ıf the
		(a) Donor advised funds	(b) Funds and o	other account	s
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	nor advı	sed	┌ Yes │	_ _{No}
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5			┌ Yes │	_ _{No}
Par	t III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	າ 990, Part I՝	V, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitatal Preservation of open space Complete lines 2a-2d if the organization held a quality section of the last day of the tax years.	on or pleasure) Preservation of an Preservation of a G	certified	d historic struc		
	easement on the last day of the tax year	1			End of the Y	
_	Total number of conservation easements		2a	neid at the	End of the f	2
a L	Total acreage restricted by conservation easements		2a 2b		-	
b	Number of conservation easements on a certified his				т	01 00
с		, ,	2c			
d	Number of conservation easements included in (c) a	· · · · · · · · · · · · · · · · · · ·	2d			
3	Number of conservation easements modified, transfer the taxable year ▶	erred, released, extinguished, or terminate	ed by th	e organization	during	
4	Number of states where property subject to conserva	ation easement is located 🛌 👤 1				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and		_ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents di	uring the year	20 00	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	the year 🟲 \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sec	tion		✓ Yes	_ _{No}
9 Par	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easent IIII Organizations Maintaining Collection	the footnote to the organization's financial nents	l staten	nents that des	crıbes	
	Complete if the organization answered '					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan	cıal gaın, provi	de the	_
а	Revenues included in Form 990, Part VIII, line 1			► \$		
b	Assets included in Form 990, Part X			⊳ - \$		

Part	Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	asures, or	Othe	r Simila	r Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th	ie foll	lowing the	at are a sıgnıf	cant ı	use of its co	ollectio	on	
а	Public exhibition		d	Γ	Loan or	exchange pro	grams	5			
b	Scholarly research		e	Г	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	v the	y further	the organizati	on's e	xempt purp	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							nılar	Г	Yes	Г No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						ed "Y	es" to Fo	rm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons or other a	ssets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ing ta	able				A mo	unt	
c	Beginning balance						1c		Ainc	- unit	
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990 Part X line	2112						Г	Yes	
	If "Yes," explain the arrangement in Part XIV	1111 330, 1 are X, 1111	= Z I ·						,	103	, 140
	rt V Endowment Funds. Complete i	f the organization	n ans	were	ed "Yes"	to Form 99	0. Pa	rt IV. line	10.		
		(a)Current Year)Prior		(c)Two Years B		(d)Three Ye	arc	(e)Four Y	ears Back
1a	Beginning of year balance	175,669,538		111	1,899,492	164,70	2,143	Dack		• •	
ь	Contributions	4,033,341			7,765,032	•	1,886				
c	Investment earnings or losses	38,335,380		11	1,683,003	-48,27	3,254				
d	Grants or scholarships	1,570,445		1	1,535,129	1,38	9,056				
e	Other expenditures for facilities and programs	6,798,800		2	1,142,860	3,80	2,227				
f	Administrative expenses										
g	End of year balance	209,669,014		120),339,255	111,89	9,492				
2	Provide the estimated percentage of the year	end balance held a	is								
а	Board designated or quasi-endowment 🕨	69 000 %									
b	Permanent endowment 🕨 17 000 %										
c	Term endowment ► 14 000 %										
3a	Are there endowment funds not in the posses	sion of the organiza	ation	that a	are held a	ınd admınıste	red for	the			
	organization by (i) unrelated organizations								3a(i)	Yes	No No
	(ii) related organizations			•					3a(ii		No
b	If "Yes" to 3a(II), are the related organization						٠.		3b	, 	
4	Describe in Part XIV the intended uses of the	e organization's end	dowme	ent fu	nds					•	<u> </u>
Par	t VI Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 990), Part X, lın	e 10.				
	Description of investment				Cost or oth			(c) Accumu depreciat		(d) Bo	ok value
1a	Land					13,0	00,233			1	3,000,233
b	Buildings					361,5	12,699	88,02	20,538	27	3,492,161
c	Leasehold improvements					76,8	62,167	54,39	97,397	2	2,464,770
d	Equipment					55,8	21,999	29,08	36,506	2	6,735,493
е	Other	<u> </u>				20,7	08,943	7,51	13,599	1	3,195,344
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colun	nn (B)	, line	10(c).)			>		34	8,888,001
								Sched	ule D	Form 9	90) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	·	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	89,662,441		
Part VIII Investments—Program Related. See	05/00=/	। २	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
(1) INTEREST RATE SWAP AGREEMENTS			2,162,035
(2) DEPOSITES HELD WITH BOND TRUSTEE			14,992,105
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		17,154,140
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
U S GOVT GRANTS REFUNDABLE	8,324,265		
COND ASSET RETIREMENT OBLIG	1,162,499		
INTEREST RATE SWAP AGREEMENTS	13,403,012		
	, , –		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22,889,776		
	, _ ,		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	302,053,242
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	269,318,628
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32,734,614
4	Net unrealized gains (losses) on investments	4	35,261,332
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,646,985
9	Total adjustments (net) Add lines 4 - 8	9	33,614,347
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	66,348,961
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	265,087,540
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	49,479,276
3	Subtract line 2e from line 1	3	215,608,264
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 715,093		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	86,444,978
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	302,053,242
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	197,091,594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	14,217,944
3	Subtract line 2e from line 1	3	182,873,650
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 715,093		
b	Other (Describe in Part XIV) 4b 85,729,885		
c	Add lines 4a and 4b	4c	86,444,978
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	269,318,628

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	THE CONSERVATION EASEMENTS ARE NOT REPORTED ON THE BALANCE SHEET OR IN FOOTNOTES TO THE ORGANIZATION'S FINANCIAL STATEMENTS THE AMOUNTS ARE CONSIDERED IMMATERIAL
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO PROVIDE SCHOLARSHIPS AND GRANTS, AND TO SUPPORT THE EDUCATIONAL PROGRAMS AT ITHACA COLLEGE
		PART XI, LINE 8 CHANGE IN THE VALUE OF INTEREST SWAP AGREEMENTS \$340,463 POSTRETIREMENT BEN EXPENSE OTHER THAN NET PERIODIC COST (\$1,987,448) PART XII, LINE 2D COST OF GOODS SOLD \$13,836,420 CONFERENCE EXPENSES \$378,820 PART XII, LINE 4B FINANCIAL AID NETTED ON FINANCIALS \$85,729,885 PART XIII, LINE 2D COST OF GOODS SOLD \$13,836,420 CONFERENCE EXPENSES \$378,820 PART XIII, LINE 4B FINANCIAL AID NETTED ON FINANCIALS \$85,729,885
		PART V, ENDOWMENT FUNDS THE PRIOR YEAR FUND BALANCE WAS RESTATED FROM 2,434,749 TO 57,765,032 PLANT RESERVES WERE MOVED INTO ENDOWMENTS

Software ID: Software Version:

EIN: 15-0532204

Name: ITHACA COLLEGE

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
ARCHSTONE MKT NEUTRAL STRATEGY	12,537,335	F
BARLOW PARTNERS OFFSHORE	15,242,393	F_
COMMONFUND CAPITAL INTL PTNERS IV LP	1,800,988	F_
C/F INT'L PRIVATE EQUITY PTNERS VI LP	964,875	F_
C/F INT'L PRIVATE EQUITY PTNERS V LP	954,317	F
COMMONFUND CAPITAL VENTURE PTNERS VI	2,390,144	<u> </u>
COMMONFUND CAPITAL VENTURE PTNERS VII	867,430	F_
C/F PRIVATE EQUITY PTNERS VII	764,343	F
COMMONFUND CAPITAL PRIVATE EQUITY PTNERS V	3,030,573	F
COMMONFUND CAPITAL PRIVATE EQUITY PTNERS VI	795,571	F
COMMONFUND CAPITAL VENTURE PTNERS VIII	573,986	F
JER EUROPE FD III	857,592	F
JER REAL ESTATE QUALIFIED PARTNERS III	1,994,563	F
JER REAL ESTATE QUALIFIED PARTNERS IV,	2,997,685	F
LEXINGTON CAPITAL PARTNERS VIA	5,495,750	F
PERRY PARTNERS INT LP CLASS F	11,700,722	F
REALTY ASSOC FUND VII CORP	2,776,489	F
REALTY ASSOC FUND VIII	3,317,714	<u> </u>
REALTY ASSOCIATES FUND IX CORP	8,844,590	F_
WELLINGTON ARCHIPELAGO HOLDING	8,087,158	F
GMO SPECIAL PURPOSE VEHICLE	1,138	F
SIGULER GUFF DISTRESSED FUND	3,667,085	F

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

ITHAC	A COLLEGE TO THE PROPERTY OF T				
		15-0532204		VEC	NO
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in rother governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adriprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, in a way	3	Yes	
4	Does the organization maintain the following?		_	l	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	nondiscriminatory	4a_	Yes	
c	basis? Copies of all catalogues, brochures, announcements, and other written communications to the pu	blic dealing	4b	Yes	
	with student admissions, programs, and scholarships?	zne dedinig	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νο
	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
e	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		,	V	
	of Net 1.32 /3 30, 15/3 2 6 5 30/, covering racial hondiscrimination. If No, explain on Fa		7	Yes	

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S NONDISCRIMINATORY POLICY APPEARS IN THE UNDERGRADUATE CATALOG, AS WELL AS ON THE COLLEGE'S WEBSITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES VARIOUS FUNDING FROM GOVERNMENTAL SOURCES IN ITS ADMINISTRATION OF FINANCIAL AID PROGRAMS SUCH AS PELL, TAP AND BUNDY

Schedule E (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 15-0532204

Name: ITHACA COLLEGE

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

Independ	ent c			015			<u> </u>		
(B) Average hours	Average Position (check all hours that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
1 00	Х		х				0	0	0
40 00	Х		х				320,331	0	103,917
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
40 00	Х						97,274	0	11,939
40 00	Х						68,082	0	11,680
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
	(B) Average hours per week 1 00 40 00 1 00 1 00 1 00 1 00 1 00 1	(B) A verage hours per week Post per Qrindwidual 1 00 X 40 00 X 1 00 X <tr< td=""><td>(B) A verage hours per week 1 00</td><td>(B) A verage hours per week 1 00</td><td> C</td><td>A verage hours per week 1 00</td><td> C Position (check all that apply) Position (check all that apply) </td><td> C</td><td> Column C</td></tr<>	(B) A verage hours per week 1 00	(B) A verage hours per week 1 00	C	A verage hours per week 1 00	C Position (check all that apply) Position (check all that apply)	C	Column C

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours	Posi t	tion (hat a	che	')			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former compen		organization (W-	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MICHAEL BATTLE TRUSTEE	1 00	Х						0	0	0
MICHAEL SERVENTI TRUSTEE	1 00	Х						0	0	0
ROBERT KUR TRUSTEE	1 00	Х						0	0	0
STEPHEN MCCLUSKI TRUSTEE	1 00	Х						0	0	0
SUSAN PERVI TRUSTEE	1 00	Х						0	0	0
T MICHAEL LONG TRUSTEE	1 00	Х						0	0	0
THOMAS GRAPE TRUSTEE	1 00	Х						0	0	0
W KENNETH FUCHS TRUSTEE	1 00	Х						0	0	0
WALTER SMITH SJ TRUSTEE	1 00	Х						0	0	0
LAWRENCE ALLEVA VICE CHAIR	1 00	Х		х				0	0	0
NANCY PRINGLE VP COLLEGE COUNSEL	40 00			х				198,167	0	24,013
ERIC MAGUIRE VP ENROLLMENT MGT	40 00			х				148,995	0	23,645
CARL SGRECCI VP FINANCE & ADMINISTRATIO	40 00			х				209,893	0	21,223
ROCHELLE SEMMLER VP INSTITUTIONAL ADVANCEME	40 00			х				189,466	0	24,782
BRIAN MCAREE VP STUDENT AFFAIRS & CAMPU	40 00			х				143,399	0	43,111
GREGORY WOODWARD INTERIM PROVOST	40 00			х				156,983	0	19,475
JEFFREY LIPPITT ASSOC PROFESSOR	40 00					х		151,627	0	22,746
LESLIE LEWIS DEAN	40 00					х		160,247	0	20,343
DAVID NEWMAN DIR, HAMMOND HEALTH CTR	40 00					Х		147,771	0	21,840
GWEN SEAQUIST PROFESSOR	40 00					х		150,074	0	20,866
DIANE GAYESKI DEAN	40 00					х		156,380	0	20,200

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 20,006,152 including grants of \$) (Revenue \$)

STUDENT SERVICES STUDENT SUPPORT SERVICES INCLUDING ADMISSIONS, REGISTRAR, ATHLETICS, AND STUDENT CLUBS THESE SERVICES CONTRIBUTE TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

DLN: 93493102002022 OMB No 1545-0047

Open to Public

Name of the organization ITHACA COLLEGE

Employer identification number

15-0532204

Part I	General Information on	Activities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV	, line 14b.	

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award √ Yes

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

Activites per Region (Use Part		1			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE	1	1	STUDY ABROAD	EDUCATIONAL DEGREE PRO GRAM, INCLUDING INTERNSHIPS IN	1,139,6
				MANY ACADEMIC AREAS AND A NINE- CREDIT INTENSIVE DRAMA COURSE THE ITHACA COLLEGE LONDON CENTER IS RUN BY A DIRECTOR AND STAFF WHO HELP THE STUDENTS WITH THEIR DAILY PERSONAL AND ACADEMIC NEEDS	
EUROPE	0	5		INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	80,2
CENTRAL AMERICA AND THE CARIBBEAN	0	5		INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	75,6
SUB-SAHARAN AFRICA	0	8	ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	44,7
CENTRAL AMERICA AND THE CARIBBEAN	0	5	TRAVEL IN THE SOUTHERN CARIBBEAN	CLASS TRIP	61,4
EAST ASIA AND THE PACIFIC	0	26	TRAVEL IN EAST ASIA & PACIFIC	ATTEND, SPEAK AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	120,0
EUROPE (INCLUDING ICELAND & GREENLAND)	0	49	TRAVEL IN EUROPE	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES AND RECRUITMENT	162,6
MIDDLE EAST AND NORTH AFRICA	0	1	TRAVEL IN THE MIDDLE EAST	ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND WORK ON RESEARCH PROJECT	3,1
NORTH AMERICA	0	31	TRAVEL IN CANADA & MEXICO	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES	59,6
RUSSIA & THE NEWLY INDEPENDENT STATES	0	1		PERFORM IN A CONCERT, ATTEND ACADEMIC CONFERENCE AND WORK ON RESEARCH PROJECT	4
SOUTH AMERICA	0	1	TRAVEL IN SOUTH AMERICA	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES	7,9
SOUTH ASIA	0		TRAVEL IN SOUTH ASIA	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES	2,1
SUB-SAHARAN AFRICA	0	2		ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	5,6
Sub-total	1	100			1,687,6
Total from continuation sheets to Part I	0	36			75,7
Totals (add lines 3a and 3b)	1	136			1,763,3

Par	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Part V if additional space is needed.									
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
	,									
	_									
2	Enter total nun	nber of recipie	ent organizations lis	ted above that are i	recognized as chari	ties by the foreign (country, recognized letter	as 🕨	1	
3	• •	·	_	•		. , , ,		. ▶		
								Schedule F	(Form 990) 2010	

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

Use Part V If a	dditional space is ne	eded.					
a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANT/SCHOLARSHIP	EUROPE	212		ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	SOUTH AMERICA	9	71,557	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	SUB-SAHARAN AFRICA	13		ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	EAST ASIAN AND THE PACIFIC	29	·	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	MIDDLE EAST AND NORTH AFRICA	1		ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	SOUTH ASIA	3	39,378	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	RUSSIA & THE NEWLY INDEPENDENT STATES	3		ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	┍	Νo
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)	굣	Yes	Г	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u> ~</u>	Νo
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)	[ন	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 SCHOLARSHIPS GIVEN ARE DEPOSITED INTO THE STUDENT'S ACCOUNT TO BE USED FOR TUITION IN EDUCATIONAL PROGRAM THE FUNDS EXPENDED FOR TRAVEL AND ATTENDING CONFERENCES ARE ACCOUNTED FOR WHEN TRAVEL REPORTS ARE SUBMITTED TO ITHACA COLLEGE

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS ACCORDING TO GAAP, CONSISTENT WITH THE ITHACA COLLEGE METHOD OF ACCOUNTING

Schedule F (Form 990) 2010

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DLN: 93493102002022 OMB No 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO ATTEND ITHACA COLLEGE	5322	72,373,242			
(2) GRADUATE ASSISTANT SCHOLARSHIP	152	1,206,223			
(3) HIGHER EDUCATION OPPORTUNITY PROGRAM	60	1,604,440			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 STUDENTS MUST MEET THE REQUIREMENTS SPECIFIED IN THE SCHOLARSHIP
MONITORING GRANTS		PROGRAM IN ORDER TO RECEIVE THE SCHOLARSHIP THE REQUIREMENTS INCLUDE CRITERIA, SUCH AS
IN THE U S		FINANCIAL NEED, OBTAINING/MAINTAINING THE REQUIRED GRADE POINT AVERAGE, STUDYING IN A CERTAIN
		ACADEMIC DISCIPLINE, ETC IF THE SCHOLARSHIP IS AN ONGOING ONE, THE STUDENT MUST CONTINUE TO
		MEET THE SCHOLARSHIP REQUIREMENTS IN ORDER TO BE AWARDED A SCHOLARSHIP IN SUBSEQUENT YEARS
		FINANCIAL NEED, GRADE POINT AVERAGES AND OTHER SCHOLARSHIP CRITERIA ARE MONITORED TO
		DETERMINE WHETHER THE STUDENT MEETS THE CRITERIA THERE ARE A LIMITED NUMBER OF GRADUATE
		ASSISTANTSHIPS THAT ARE AWARDED TO INDIVIDUALS PURSUING A MASTERS DEGREE AT ITHACA COLLEGE
		LIKE SCHOLARSHIPS, THE STUDENT MUST MEET THE APPLICABLE REQUIREMENTS IN ORDER TO BE AWARDED A
		GRADUATE ASSISTANTSHIP, SUCH AS OBTAINING/MAINTAINING THE REQUIRED GRADE POINT AVERAGE,
		STUDYING IN A CERTAIN ACADEMIC DISCIPLINE, ETC

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DLN: 93493102002022

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization ITHACA COLLEGE Employer identification							
1111	TACA COLLEGE		15-0532204				
Pa	art I Questions Regarding Compensation						
			_		Yes	Νo	
1a	Check the appropiate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide a						
First-class or charter travel							
	☐ Travel for companions ☐ Pay	ments for business use of perso	nal residence				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization for reimbursement orprovision of all the expenses described above?			1b	Yes		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
3	Independent compensation consultant	stablish the compensation of the tten employment contract mpensation survey or study proval by the board or compensa					
4	During the year, did any person listed in Form 990, Part VII, Sec or a related organization	ction A , line 1a with respect to t	he filing organization				
а	Receive a severance payment or change-of-control payment from	m the organization or a related o	rganization?	4a		No	
ь	Participate in, or receive payment from, a supplemental nonquali	ified retirement plan?		4b		Νο	
С		·		4c		No	
	If "Yes" to any of lines 4a-c, list the persons and provide the ap		n Part III				
5	Only 501(c)(3) and 501(c)(4) organizations only must complete For persons listed in form 990, Part VII, Section A, line 1a, did to		nv				
	compensation contingent on the revenues of	-	,				
а	The organization?			5a		Νo	
b	,			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line 1a, did to compensation contingent on the net earnings of	the organization pay or accrue ai	ny				
а	The organization?			6a		Νo	
b	b Any related organization?						
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in P		n-fixed	7		No	
8	Were any amounts reported in Form 990, Part VII, paid or accur subject to the initial contract exception described in Regs secti in Part III			8		No	
9	If "Yes" to line 8, did the organization also follow the rebuttable	presumption procedure describe	d in Regulations				

section 53 4958-6(c)?

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) THOMAS ROCHON	(I) (II)	301,605 0	1,500 0	17,226 0	54,622 0	49,295 0	424,248 0	(
(2) NANCY PRINGLE	(I) (II)	166,201 0	11,500 0	20,466 0	14,779 0	9,234 0	222,180 0	(
(3) ERIC MAGUIRE	(I) (II)	147,955 0	0	1,040	13,283 0	10,362 0	172,640 0	(
(4) CARL SGRECCI	(I) (II)	192,592 0	1,500 0	15,801 0	16,497 0	4,726 0	231,116 0	(
(5) RO CHELLE SEMMLER	(I) (II)	176,829 0	1,500 0	11,137 0	15,696 0	9,086 0	214,248	(
(6) BRIAN MCAREE	(I) (II)	140,999 0	1,500 0	900	12,612 0	30,499 0	186,510 0	(
(7) GREGORY WOODWARD	(I) (II)	154,808 0	1,500 0	675 0	13,679 0	5,796 0	176,458 0	(
(8) JEFFREY LIPPITT	(I) (II)	140,461 0	1,500 0	9,666 0	12,607 0	10,139 0	174,373 0	(
(9) LESLIE LEWIS	(I) (II)	157,772 0	1,500 0	975 0	13,806 0	6,537 0	180,590 0	(
(10) DAVID NEWMAN	(I) (II)	145,336 0	1,500 0	935 0	12,926 0	8,914 0	169,611 0	(
(11) GWEN SEAQUIST	(I) (II)	112,310 0	1,500 0	36,264 0	10,192 0	10,674 0	170,940 0	(
(12) DIANE GAYESKI	(I) (II)	154,425 0	1,500	455 0	13,526 0	6,674 0	176,580 0	(
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 1A	ITHACA COLLEGE PROVIDES HOUSING AND COUNTRY CLUB MEMBERSHIP TO ITS PRESIDENT

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493102002022

Open to Public Inspection

(i) Pool

Internal Revenue Service
Name of the organization
ITHACA COLLEGE

Part I

Department of the Treasury

Bond Issues

Employer identification number

(h) O n

15-0532204

2005

No

Χ

Yes

Х

Χ

Χ

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose		se (g) Defease		Defeased Behalf Issue		l financ		
								Yes	No	Yes	No	Yes	No	
A	DORMITORY AUTH OF THE STATE OF NEW YORK	14-6000293	649905QU3	09-17-2009	36,903,147	1	SUANCE OF SERIES BONDS		Х		Х		Х	
В	TOMPKINS CTY INDUSTRIAL DEV AGENCY	16-1214039	890099CQ5	11-10-2004	31,100,000	RENO	STRUCTION AND VATION OF CAMPUS LITIES		Х		х		х	
С	TOMPKINS CTY INDUSTRIAL DEV AGENCY	16-1214039	890099CZ5	09-29-2005	49,624,325		NCED REFUNDING OF ES 1997 AND SERIES		Х		х		х	
D	TOMPKINS CTY INDUSTRIAL DEV AGENCY	16-1214039	890099DU5	08-20-2009	30,924,994		REISSUANCE OF SERIES 2007 BONDS		Х		х		х	
_														
_														
Ð	rt II Proceeds													
	1100000				Α		В	С			D			
1	A mount of bonds retired				1,47	1,470,000 2,905,000		5,255,000		1,000,000				
2	A mount of bonds legally defea	sed												
3	Total proceeds of issue				36,90	3,147	32,424,139	49,624,325			30,924,994			
4	Gross proceeds in reserve fun	ds												
_5	Capitalized interest from proce	eeds												
6	Proceeds in refunding escrow													
7	7 Issuance costs from proceeds					9,564	343,050		4	97,030			581,248	
8	8 Credit enhancement from proceeds			41	2,183	412,183		5	25,210					
9	Working capital expenditures 1	from proceeds												
10	Capital expenditures from pro	ceeds			31,32	5,726	31,325,726							
11	Other spent proceeds				36,46	3,583 343,180		48,602,085				30,343,746		

allocation of proceeds?						
Part III	Private	Business	Use			

Other unspent proceeds

Year of substantial completion

12

13

15

16

17

			4	I	В	С		I	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		х		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		×		X

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

2009

No

Χ

Yes

Χ

Х

Х

2007

No

Χ

Χ

Yes

Χ

Χ

2009

No

Χ

Yes

Χ

Χ

Χ

Par	Private Business Use (Continued)								
	·	Α		В		С			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X		х		×
b	Are there any research agreements that may result in private business use of bond- financed property?		×		x		х		×
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 200 %		0 %				0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %				0 %
6	Total of lines 4 and 5		0 200 %		0 %				0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х			Х	×	

Pai	Part IV Arbitrage								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x		×		x
	Is the bond issue a variable rate issue?		X	X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х	х		х			х
ь	Name of provider	NA		UBS AG		BANK OF AMERICA			
С	Term of hedge	30 00000	0000000	30 0000	0000000	20 7700	0000000		
d	Was the hedge superintegrated?		х		×		×		
e	Was a hedge terminated?		х		х		×		
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
ь	Name of provider	NA		N A		NA		NA	
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		x
6	Did the bond issue qualify for an exception to rebate?		х		х		х		х

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE B		THE DIFFERENCE BETWEEN PART I(E) AND PART II QUESTION 3 IS DUE TO INTEREST EARNED FROM THE PROJECT FUND
,	PART II, QUESTION 11	AMOUNT LISTED INCLUDES \$343,179 59 FOR STATE AND ISSUER ADMINISTRATIVE FEES
	PART II, QUESTION 11	AMOUNT LISTED INCLUDES \$393,187 FOR STATE AND ISSUER ADMINISTRATIVE FEES
FORM 990, SCHEDULE K, PART I, LINE C	, ,	THE SERIES 1997 BONDS WERE ISSUED ON MARCH 4, 1997 AND THE SERIES 1998 BONDS WERE ISSUED ON MAY 7, 1998
FORM 990, SCHEDULE K, PART I, LINE C	PART IV, QUESTION 3	A SWAP WITH DEXIA CREDIT LOCAL WAS NOVATED ON SEPTEMBER 29, 2005 TO BANK OF AMERICA, N A
See Additional Data Table		
	1	

Part V Supplemental Information

Ident if ier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE B	AND PART II	THE DIFFERENCE BETWEEN PART I(E) AND PART II QUESTION 3 IS DUE TO INTEREST EARNED FROM THE PROJECT FUND
FORM 990, SCHEDULE K, COLUMN B	'	AMOUNT LISTED INCLUDES \$343,179 59 FOR STATE AND ISSUER ADMINISTRATIVE FEES
FORM 990, SCHEDULE K, COLUMN C		AMOUNT LISTED INCLUDES \$393,187 FOR STATE AND ISSUER ADMINISTRATIVE FEES
FORM 990, SCHEDULE K, PART I, LINE C	PART I(F)	THE SERIES 1997 BONDS WERE ISSUED ON MARCH 4, 1997 AND THE SERIES 1998 BONDS WERE ISSUED ON MAY 7, 1998
FORM 990, SCHEDULE K, PART I, LINE	· · · · · · · · · · · · · · · · · · ·	A SWAP WITH DEXIA CREDIT LOCAL WAS NOVATED ON SEPTEMBER 29, 2005 TO BANK OF AMERICA, N A

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493102002022

Open to Public **Inspection**

Internal Revenue Service Name of the organization ITHACA COLLEGE

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

15-0532204

									_{1:}	5-0532	1204			
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	: ((f) Description	of Purpose	(g) Det	feased	Beh)On nalf of suer		Pool
									Yes	No	Yes	No	Yes	No
A	TOMPKINS CTY DEVELOPMENT CORPORATION	27-2290745	890096AT7	04-07-2011	25,869,34	2 CON	QUISITION, NSTRUCTION FURBISHMENT D COMMUNIT	OFDORM		х		х		х
		+	 			+			+		\vdash		 	
_		+		-		+			+				 	
Pa	rt III Proceeds													
			-		A		В	3		С			D	
1	A mount of bonds retired													
2	A mount of bonds legally defea	ased												
3	Total proceeds of issue				25,8	369,42	.4							
4	Gross proceeds in reserve fur	ınds												
5	Capitalized interest from proc	ceeds												
6	Proceeds in refunding escrow	V				,				,				
7	Issuance costs from proceed	st				120,46	3							
8	Credit enhancement from pro	ceeds				257,65	7					1		
9	Working capital expenditures	from proceeds			1		1					1		
10	Capital expenditures from pro	oceeds			24,9	991,30	5					+		
11	Other spent proceeds				1 2	200,00	0					+		
12	Other unspent proceeds				1		1					†		
13	Year of substantial completio	on			1			<u> </u>						
					Yes	No	Yes	No	Yes		No	Yes	, <u>L</u>	No
14	Were the bonds issued as par	rt of a current refund	ling issue?			Х								
15	Were the bonds issued as par	rt of an advance refu	ındıng issue?		1	Х					-			
16	Has the final allocation of pro	oceeds been made?			1	Х						+		
17	Does the organization mainta	aın adequate books a	and records to sup	port the final	X									
Dar	allocation of proceeds? THE Private Business U													
EGI	Private Business (<u>use</u>			Α		В	-		С		\top	D	
					Yes	No	Yes	No	Yes		No	Yes		No
1	Was the organization a partne	er ın a partnership, o	r a member of an I	LLC, which owned		Х								

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Part III Private Business Use (Continued)

		P	4		В	(С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	×							
b	Are there any research agreements that may result in private business use of bond- financed property?		Х						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							

		P	\	В				ן ט	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x						
 2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
			^						
b	Name of provider	N A							
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider	NA	•						
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanat ion

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

SCHEDULE M

(Form 990)

► Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

IIIAC	A COLLEGE				15-0532204			
Pa	rt I Types of Property				15 0552201			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art	Х	1		APPRAISED VALUE			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5 good	Clothing and household							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Χ	26	267,463	STOCK MARKET VA	ALUE		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► ()		See Add'l Data					
26	Other ▶()							
27	Other ►()							
28	Other ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years fr	om the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire h	nolding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use the contributions?	nırd partı 	es or related organizations	to solicit, process, or sell	non-cash	32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 15-0532204

Name: ITHACA COLLEGE

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining oncash contribution amounts
MUSICAL Other ▶ (<u>INSTRUMENTS</u>)	×	1	4,410	COMPARABLE SALES
BOOKS, PLAYS,				
Other►(SCRIPTS) SATELLITE Other►(DISH)	X	3		COMPARABLE SALES DE MINIMUS VALUE
75 T- Other ▶ (SHIRTS)	X	1		COMPARABLE SALES
PAYMENT FOR FOOTBALL				
Other ► (EVENT) PAYMENT FOR HOTEL Other ► (CHARGES)	X	1		CASH VALUE CASH VALUE
ATHLETIC Other►(EQUIPMENT)	X	1		COMPARABLE SALES
MUSICAL Other ► (SUPPLIES)	Х	5	3,083	COMPARABLE SALES
WOLF Other►(<u>CHALMEUA</u>) PHYSICAL	Х	3	1,267	COMPARABLE SALES
THERAPY Other►(<u>EQUIP</u>)	X	1	1	DE MINIMUS VALUE

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As Filed Data -

DLN: 93493102002022

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization $\ensuremath{\mathsf{ITHACA}}$ COLLEGE

Employer identification number

15-0532204

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ITHACA COLLEGE'S AUDIT COMMITTEE OF THE BOARD RECEIVED THE PRESENTATION AND REVIEW OF THE DRAFT FORM 990 BY THE COLLEGE ADMINISTRATION AND THE OUTSIDE TAX ACCOUNTANTS THE COMMITTEE PASSED A RESOLUTION APPROVING THE DRAFT FORM 990 AS PRESENTED A REPORT WILL BE PRESENTED TO THE FULL BOARD OF DIRECTORS

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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A THE BOARD OF TRUSTEES SUB-COMMITTEE ON COMPENSATION ANNUALLY COLLECTS COMPARABILITY DATA TO BE USED IN ESTABLISHING PRESIDENTIAL COMPENSATION THIS DATA IS GATHERED USING THE ASSISTANCE OF NON-INTERESTED PARTIES INCLUDING EXTERNAL CONSULTANTS AND THE COLLEGE'S OFFICE OF HUMAN RESOURCES THE SUB-COMMITTEE ON COMPENSATION MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, WHICH HAS AUTHORITY TO APPROVE THE RECOMMENDATION THE EXECUTIVE COMMITTEE REPORTS TO THE FULL BOARD THE DETAILS OF THE REVIEW AND COMPENSATION B HUMAN RESOURCES OBTAINS COMPARABILITY DATA ON COMPENSATION WHICH IS SHARED WITH THE PRESIDENT THE DATA IS REVIEWED AND THE COMPENSATION COMMITTEE IS INFORMED OF THE DECISIONS THE PRESIDENT ANNUALLY REVIEWS THE COMPENSATION POLICIES OF THE COLLEGE RELATED TO SENIOR OFFICERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE PUBLIC MAY CONTACT THE OFFICE OF THE VP OF FINANCE AND ADMINISTRATION IN ORDER TO REVIEW THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 35,261,332 CHANGE IN VALUE OF INT RATE SWAP AGREEMENTS 340,463 POSTRETIREMENT BENEFITS EXPENSE OTHER THAN NET PERIODIC COST -1,987,448 TOTAL TO FORM 990, PART XI, LINE 5 33,614,347

ldentifier	Return Reference	Explanation
AUDIT COMMITTEE	990, PART XI, LINE 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE SELECTION OF THE AUDITORS AND THE CONDUCT OF THE AUDIT THAT FUNCTION HAS NOT CHANGED IN THE PAST YEAR