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Form 990

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012 D Employer identification number **B** Check if applicable ITHACA COLLEGE Address change 15-0532204 Doing Business As E Telephone number Name change (607) 274-3118 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 480,166,707 Terminated Amended return City or town, state or country, and ZIP + 4 ITHACA, NY 148507002 Application pending Name and address of principal officer H(a) Is this a group return for CARL SGRECCI affiliates? 953 DANBY ROAD ITHACA, NY 148507002 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW ITHACA EDU K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1892 M State of legal domicile NY Part I Summary 1 Briefly describe the organization's mission or most significant activities FOUNDED AS THE ITHACA CONSERVATORY OF MUSIC IN 1892, ITHACA COLLEGE BECAME A NONPROFIT, PRIVATE COLLEGE IN 1931 DURING THE EARLY DECADES OF THE TWENTIETH CENTURY, THE ACADEMIC PROGRAM EXPANDED TO INCLUDE OTHER PROFESSIONAL FIELDS, AND AT MID-CENTURY, THE INSTITUTION BEGAN DEVELOPING THE LIBERAL ARTS CURRICULA THAT HAVE GRADUALLY EVOLVED INTO THE LARGE AND DIVERSE SCHOOL OF HUMANITIES AND SCIENCES AS A RESULT OF THIS UNUSUAL HISTORY OF INTERWEAVING, TWO DISTINCT PROGRAMS, PROFESSIONAL AND LIBERAL STUDIES AT ITHACA COLLEGE ARE TODAY MUTUALLY SUPPORTIVE AND Activities & Governance INTEGRAL PARTS OF A TOTAL ACADEMIC PROGRAM ITHACA COLLEGE IS A FULLY ACCREDITED, COEDUCATIONAL, NONDENOMINATIONAL INSTITUTION OFFERING A BROADLY DIVERSIFIED PROGRAM OF PROFESSIONAL AND LIBERAL ARTS STUDIES THE COLLEGE SEEKS DIVERSITY IN ITS STUDENT BODY AND ADMITS APPLICANTS ON THE BASIS OF INDIVIDUAL QUALIFICATIONS, WITHOUT REGARD TO RACE, CREED, OR NATIONAL ORIGIN 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 32 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 5,752 **6** Total number of volunteers (estimate if necessary) 6 29 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . **7**a 35,672 **b** Net unrelated business taxable income from Form 990-T, line 34 -71,581 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 18,522,159 12,321,586 Program service revenue (Part VIII, line 2g) . 273,329,996 279,106,635 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4,326,259 6,867,300 5,874,828 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,617,368 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 302,053,242 301,912,889 88,480,440 85,729,885 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 114,664,490 121,683,955 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 3,244,572 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 68,924,253 72,734,272 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 269,318,628 282,898,667 19 Revenue less expenses Subtract line 18 from line 12 . . . 19,014,222 32,734,614 Net Assets or Fund Balances **Beginning of Current End of Year** 686,319,224 20 685,798,549 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 257,157,357 262,436,900 22 Net assets or fund balances Subtract line 21 from line 20 . . 428,641,192 423,882,324 Part II Signature Block I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledae. 2013-03-19 Signature of officer Sign Here CARL SGRECCI VP FINANCE & ADMINISTRATION Type or print name and title Preparer's taxpayer identification number Date Check If Preparer's DAVID M STINSON (see instructions) sıqnature Paid P00213287 employed 🕨 Preparer's

Firm's name (or yours

address, and ZIP + 4

if self-employed).

Use Only

SCIARABBA WALKER & CO LLP

200 E BUFFALO ST SUITE 402

ITHACA, NY 14850 May the IRS discuss this return with the preparer shown above? (see instructions) . EIN 16-1071694

Phone no (607) 272-5550

▼Yes 「No

Form	1990 (2011)					Page
Par		_	_		ı	দ
1	Briefly describe th	e organization's missio	n			
GRO THR KNO BEN THE PRO CON	O PROVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, ITHACA COLLEGE IS DEDICATED TO FOSTEROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS THE ITHACA FIRTIVES ON THE PRINCIPLES THAT KNOWLEDGE IS ACQUIRGED THROUGH DISCIPLINE, COMPETENCE IS KNOWLEDGE IS TEMPERED BY EXPERIENCE, AND CHARACTER IS DEVELOPED WHEN COMPETENCE IS EXENEFIT OF OTHERS A COMPREHENSIVE COLLEGE THAT SINCE ITS FOUNDING HAS RECOGNIZED THE VEHEORY AND PERFORMANCE, ITHACA PROVIDES A RIGGROUSEDUCATION BLENDING LIBERAL ARTS AN PROGRAMS OF STUDY OUR TEACHING AND SCHOLLARSHIP ARE MOTIVATED BY THE NEED TO BE INFORMATION OF STUDY OUR TEACHING AND SCHOLLARSHIP ARE MOTIVATED BY THE NEED TO BE INFORMATION OF SUMPLY OF SCHOOL AND HUMANISTIC ENTERPRISES LEARNING AT ITHACA EXTELLASSROOM TO ENCOMPASS A BROAD RANGE OF RESIDENTIAL, PROFESSIONAL, AND EXTRACURRICULAR STORMAND OF STORMAND OF STORMAND AND EXTRACURRICULAR STORMAND OF STORMA	CA COLLEGE COMMUNIT IS ESTABLISHED WHEN XERCISED FOR THE VALUE OF COMBINING ND PROFESSIONAL RMEDBY, AND TO XTENDS BEYOND THE				
2	the prior Form 990	or 990-EZ?		ervices during the yea	ar which were not listed on	┌ Yes ┌ No
3	Did the organization services?	n cease conducting, or	make sıgnıfıca	nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sche	dule O			
4	expenses Section grants and allocati	501(c)(3) and 501(c)(ons to others, the total	4) organization expenses, and	s and section 4947(a revenue, if any, for ea)(1) trusts are required to re ich program service reported	port the amount of i
4a	INSTRUCTION, RESEA	ARCH, AND PUBLIC SERVICE	ITHACA COLLEGE	ENROLLS ALMOST 6,800 S	TUDENTS AND OFFERS PRIMARILY	231,303,172) UNDERGRADUATE DEGREES IN
4b	(Code) (Expenses \$	31,160,523	ıncludıng grants of \$) (Revenue \$	47,803,463)
	AUXILIARIES SERVIC	ES PROVIDED TO STUDENTS	INCLUDING RESID	DENCE, DINING HALLS, AND	BOOKSTORE AND ENHANCE THE	COLLEGE EXPERIENCE
4c	(Code) (Expenses \$	20,455,461	ıncludıng grants of \$) (Revenue \$)
	ACADEMIC SUPPORT AND ETHNICITY AND	OFFICE OF THE DEANS, LIB				
	(Code) (Expenses \$	20,006,152	including grants of \$) (Revenue \$)
		STUDENT SUPPORT SERVICE	ES INCLUDING ADM	MISSIONS, REGISTRAR, ATI	HLETICS, AND STUDENT CLUBS TH	IESE SERVICES CONTRIBUTE TO
	Other program se	rvices (Describe in Sc	hedule O)			
	· -	•	•	of\$) (Revenue \$)
4e	Total program se	vice expenses►\$	246,249,43	37		

art IV	Checklis	t of	Required	Schedules

			.,	
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes Yes	No
,	complete Schedule A	2	Yes	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		res	No
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	.,	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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? <i>If "Yes," complete Schedule F, Part II and IV</i>	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, Part III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
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 questions 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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	<u> </u>
		F	orm 990	(2011)

Form 990 (2011)

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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 471			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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	
4a	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 or securities	4-		
	account)?	4a	Yes	
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
		- 55		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
Ja	organization solicit any contributions that were not tax deductible?	Ua		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
u	services provided to the payor?	/ u		110
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			
Ĭ	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			_
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11				
	Section 501(c)(12) organizations. Enter			
a	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
13				
	Is the organization licensed to issue qualified health plans in more than one state?			
_	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	134		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
∡-7 0	If "Ves " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule C	4.41		140

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

Check if Schedule O contains a response to any question in this Part VI $\,$. $\,$. $\,$.

Se	ction A. Governing Body and Management						
			Yes	No			
1_	Enter the number of veting members of the governing heady at the and of the tay						
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	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes				
b Each committee with authority to act on behalf of the governing body?							
Se							
Re	venue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?	12b	Yes				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No.			
h	taxable entity during the year?	100		'''			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure	200					
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)						

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

(607) 274-3118

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 CARL SGRECCI VP OF FINANCE & ADMIN 953 DANBY ROAD ITHACA COLLEGE ITHACA, NY 148507002

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						comp fro organ	(D) portable pensation om the ization (W- 99-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See Additional Data Table											\top		
											4		
											+		
											+		
											+		
											+		
											+		
											1		
1b Sub-Total							•						
c Total from continuation sheets d Total (add lines 1b and 1c) .						_			2,447,001		0		518,228
2 Total number of individuals (incl	udıng but not lın	nited to	thos	e lıs	ted) who	receiv	ed more th	an	_		
\$100,000 of reportable compen	sation from the	organız	ationI	► 14	5								
3 Did the organization list any for on line 1a? If "Yes," complete Sci						mploy •	ee,	or highe	st compens	sated employee	3	Yes	No No
4 For any individual listed on line in organization and related organization											4	Yes	
5 Did any person listed on line 1a										or individual for		1	
services rendered to the organiz	ation? <i>If "Yes,"</i> :	complet	e Sch	edul	e J f	or suci	h per	son .		•	5		No
Section B. Independent Con													
Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear									ing with			
	(A) ne and business ad	dress							Desc	(B) cription of services		Compe	
THE PIKE COMPANY ONE CIRCLE STREET ROCHESTER, NY 14607									GENERAL CO	ONTRACTOR - & EVENTS		16	5,884,852
SODEXO 9801 WASHINGTONIAN BLVD GAITHERBURG, MD 20878									FOOD SERV	ICE MANAGEMENT		Ğ	,540,722
THE HAYNER HOYT CORP 625 ERIE BLVD WEST SYRACUSE, NY 13201										ONTRACTOR - FION MANAGE		3	3,211,296
APOGEE PO BOX 678651 DALLAS, TX 75267									COMMUNIC SERVICES/S	ATION STUDENT INTERNET		1	.,603,952
INTEGRATED ACQUISITION AND DEVELOPMENT 15 THORNWOOD DRIVE ITHACA, NY 14850										TION SUPERVISION		1	.,295,382
THACA, NY 14850 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►50													

Part V		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1a				
医黄豆	ь	Membership dues 1b				
<u>"</u> .≣	c	Fundraising events 1c				
¥ ¥	d	Related organizations 1d				
<u>5</u>	l e	Government grants (contributions) 1e 2,815,434				
<u>8</u> .2	f	All other contributions, gifts, grants, and 1f 9,506,152				
黄豆	"	similar amounts not included above				
2₹	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	١.	Innes 1a-1f \$ \(\frac{236,440}{1} \) Total. Add lines 1a-1f	12,321,586			
ပဏ	h	Total. Add lines 1a-11	12,321,300			
<u>a</u>		Business Code				
Ę.	2a	TUITION & FEES 900099	231,303,172	231,303,172		
æ	b	ROOM 721000	31,649,689	31,649,689		
e Ç	c	BOARD 722210	11,035,549	11,035,549		
₹	d	SALES-EDUCATION DEPART 611710	3,856,896	3,856,896		
ණ ⊆	e	CONFERENCES 611710	1,261,329	1,261,329		
Program Serwoe Revenue	f	All other program service revenue	. , ==			
) နို						
<u> </u>	g	Total. Add lines 2a-2f	279,106,635			
	3	Investment income (including dividends, interest			70.000	
		and other similar amounts)	1,414,938		-70,929	1,485,867
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_ ا	(ı) Real (ıı) Personal	-			
	6a 	Gross rents Less rental				
	Ь	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	1			
		(ı) Securities (ıı) Other				
	7a	Gross amount 178,905,715 58,622 from sales of	2			
		assets other				
	ь	than inventory Less cost or 173,469,341 42,634	.			
		other basis and sales expenses				
	c	Gain or (loss) 5,436,374 15,988	3			
	d	Net gain or (loss)	5,452,362			5,452,362
e	8a	Gross income from fundraising events (not including				
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a Land direct comments	 			
¥	Ь	Net income or (loss) from fundraising events	1			
<u>.</u>	c 9a	Gross income from gaming activities				
) Sa	See Part IV, line 19				
	ь	Less direct expenses b]			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	0,807,034	1			
	C	Less cost of goods sold b 4,741,843 Net income or (loss) from sales of inventory •	2,065,791		98,251	1,967,540
	\vdash	Miscellaneous Revenue Business Code	2,303,731		55,231	2,237,340
	11a	ALL OTHER INCOME 900004	1,551,577		8,350	1,543,227
	ь	ALE OTHER INCOME	, , ,		, , , ,	, , =-
	c اد	All abbar rayanya				
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,551,577			
	12	Total revenue. See Instructions	301,912,889	279,106,635	35,672	10,448,996

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21		·	·	·
2	Grants and other assistance to individuals in the United States See Part IV, line 22	88,480,440	88,480,440		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,845,138		1,845,138	
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	90,370,993	74,104,214	14,450,322	1,816,457
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,793,951	4,751,040	926,453	116,458
9	Other employee benefits	17,265,719	12,258,661	4,661,744	345,314
10	Payroll taxes	6,408,154	4,421,627	1,851,956	134,571
11	Fees for services (non-employees)				
а	Management				
b	Legal	191,487	19,149	172,338	
С	Accounting	172,690	3,454	169,236	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	689,529		689,529	
g	Other	10,349,365	8,796,960	1,552,405	
12	Advertising and promotion	998,710	419,458	279,639	299,613
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	6,066,351	5,763,034	303,317	
17	Travel	4,123,192	3,298,553	700,943	123,696
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,302,231	8,302,231		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,266,441	16,057,790	1,208,651	
23	Insurance	2,700,646	1,755,420	945,226	
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	6,219,926	5,217,896	932,989	69,041
b	RENTALS AND LEASES	3,415,719	2,595,947	785,615	34,157
С	STUDENT ENTERTAINMENT	2,682,782	2,682,782		
d	REPAIRS AND MAINTENANCE	2,597,725	1,896,339	662,437	38,949
e					
f	All other expenses	6,957,478	5,424,442	1,266,720	266,316
25	Total functional expenses. Add lines 1 through 24f	282,898,667	246,249,437	33,404,658	3,244,572
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 740,225 Cash—non-interest-bearing 1,015,784 1 87.935.632 86.770.527 2 2 Savings and temporary cash investments 3 4,638,913 4,556,832 2.051.456 2.545.888 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 9,211,773 9,382,787 7 727.735 8 779.831 4,444,603 9 4.829.132 9 Prepaid expenses and deferred charges 10a 556,476,861 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 191,264,161 b Less accumulated depreciation 348,888,001 10c 365,212,700 119,788,087 11 117,921,987 11 89,662,441 12 85,358,596 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 17,154,140 15 8,500,703 15 685,798,549 686,319,224 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 37,931,375 17 37,796,633 17 Accounts payable and accrued expenses . 18 18 19 5,866,665 19 5,980,638 20 190.469.541 20 185.056.216 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 22,889,776 25 33,603,413 D 26 257, 157, 357 26 262,436,900 **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. 27 287,308,219 **27** 287,541,404 Unrestricted net assets 106,345,889 28 100,186,285 28 Temporarily restricted net assets Fund 29 34,987,084 29 36,154,635 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 428.641.192 33 423.882.324 34 Total liabilities and net assets/fund balances 685.798.549 34 686.319.224

Pai	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		301.9	912,88
2	Total expenses (must equal Part IX, column (A), line 25)	2			398,66
3	Revenue less expenses Subtract line 2 from line 1	3		19,0	014,22
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		428,6	541,19
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-23,7	773,09
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		423,8	382,32
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is 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 on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078007533

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

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.

ITHACA COLLEGE Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Frning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
	ınst	instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 15-0532204

Name: ITHACA COLLEGE

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

4d. Other program serv	rices				
(Code) (Expenses \$	20,006,152	including grants of \$) (Revenue \$)
	STUDENT SUPPORT SER NTRIBUTE TO THE STUD		•	REGISTRAR, ATHLETICS, AND ST L WELL-BEING	UDENT CLUBS

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
C WILLIAM SCHWAB CHAIR	1 00	Х		Х				0	0	0
ADELAIDE GOMER TRUSTEE	1 00	Х						0	0	0
ARRIEN SCHILTKAMP TRUSTEE	1 00	Х						0	0	0
CAROLEEN A FEENEY TRUSTEE	1 00	Х						0	0	0
CHRISTOPHER LACROIX TRUSTEE	1 00	Х						0	0	0
DAVID AMES TRUSTEE	1 00	Х						0	0	0
DAVID FLEISHER II TRUSTEE	1 00	Х						0	0	0
DAVID GIANNOTTI TRUSTEE	1 00	Х						0	0	0
DAVID LEBOW TRUSTEE	1 00	Х						0	0	0
DAVID LISSY TRUSTEE	1 00	Х						0	0	0
DOREEN HETTICH-ATKINS TRUSTEE	40 00	Х						61,074	0	11,948
MICHAEL KAPLAN TRUSTEE	1 00	Х						0	0	0
ELIZABETH STOLZ TRUSTEE	1 00	Х						0	0	0
JASON HAMILTON TRUSTEE	40 00	Х						83,738	0	12,316
JOHN GALLAGHER JR TRUSTEE	1 00	Х						0	0	0
JOHN MCCLUNG TRUSTEE	1 00	Х						0	0	0
JUDITH LINDEN TRUSTEE	1 00	Х						0	0	0
KATHLEEN GARNER TRUSTEE	1 00	Х						0	0	0
KENNETH POLLINGER TRUSTEE	1 00	Х						0	0	0
KURT WOLFGRUBER TRUSTEE	1 00	Х						0	0	0
LAWRENCE SMITH TRUSTEE	1 00	Х						0	0	0
LISA PUNTILLO TRUSTEE	1 00	Х						0	0	0
MARK DICKER TRUSTEE	1 00	Х						0	0	0
MICHAEL BATTLE TRUSTEE	1 00	Х						0	0	0
STEPHEN MCCLUSKI TRUSTEE	1 00	х						0	0	0

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

(A) Name and Title	(B) Average hours	Pos		C) (che	ck a	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei		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
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
MARY ELLEN ZUCKERMAN PROFESSOR	40 00	Х						199,871	0	29,895
THOMAS ROCHON PRESIDENT	40 00			х				355,245	0	201,808
NANCY PRINGLE VP COLLEGE COUNSEL	40 00			х				201,610	0	24,728
ERIC MAGUIRE VP ENROLLMENT MGT	40 00			х				162,587	0	25,165
CARL SGRECCI VP FINANCE & ADMINISTRATIO	40 00			х				216,279	0	21,967
ROCHELLE SEMMLER VP INSTITUTIONAL ADVANCEME	40 00			х				193,687	0	24,402
BRIAN MCAREE VP STUDENT AFFAIRS & CAMPU	40 00			х				145,520	0	44,732
GREGORY WOODWARD INTERIM PROVOST	40 00			х				157,572	0	23,723
MARISA KELLY VP & PROVOST	40 00			Х				164,876	0	34,711
LESLIE LEWIS DEAN	40 00					Х		165,938	0	21,197
GWEN SEAQUIST PROFESSOR	40 00					Х		169,658	0	19,954
DIANE GAYESKI DEAN	40 00					Х		169,346	0	21,682

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Political Campaign and Lobbying Activities

DLN: 93493078007533

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Inspection

If th	_	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art V, line 46 (Political Car	mpaign Activities),
		mplete Parts I-A and B Do not complet	e Part LC		
		501(c)(3)) organizations Complete Part		v Do not complete Part LB	
	ection 527 organizations Complete		is F/ (and O belov	be not complete fait FB	
		s," to Form 990, Part IV, Line 4, or	Form 990-FZ, Pa	art VI. line 47 (Lobbying A	Activities), then
		t have filed Form 5768 (election under			
	, ,, ,	t have NOT filed Form 5768 (election ui	, , ,	•	•
	, ,, ,	s," to Form 990, Part IV, Line 5 (Pre		•	•
◆ Se	ection 501(c)(4), (5), or (6) organi	zations Complete Part III			
	me of the organization			Employer iden	tification number
111	ACA COLLEGE			15-0532204	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(d		organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes on behalf of or	
	ın opposition to candidates for		, 3		
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	ter: Complete if the or	ganization is exempt under s	section 501(c	c)(3).	
1		e tax incurred by the organization und	_		¢
2	,	e tax incurred by organization manage			†
	·			14933	→
3	_	ection 4955 tax, did it file Form 472	o for this year?		
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV			-)	(-)(2)
		ganization is exempt under s			
1		ended by the filing organization for sec			\$
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to oth	ner organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	Enter the names, addresses ar	nd employer identification number (EI	N) of all section	527 political organizations	to which the filing
	organization made payments. I	or each organization listed, enter the	amount paid fro	m the filing organization's f	unds Also enter the
		ns received that were promptly and di			
	separate segregated fund or a	political action committee (PAC) If a	additional Space	is needed, provide informat	ion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political
				filing organization's	contributions received
				funds If none, enter -0-	and promptly and directly delivered to a
					separate political
					organization If none,
					enter - 0 -
			i		

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
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(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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

		(á	a)	(b)
		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
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		17,820
j	Total lines 1c through 1i			17,826
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".

1	Dues, assessments and similar amounts from members	1	
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

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

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

DLN: 93493078007533

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	ne of the organization CA COLLEGE		Employer identification number
	<u></u>		15-0532204
Par	organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit		
Par	t III Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitated Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	cion or pleasure)	n historically importantly land area certified historic structure n of a conservation
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a 2
b	Total acreage restricted by conservation easement	S	2b 101 00
	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	• •	2d
3	Number of conservation easements modified, transf		
	the taxable year ►	errea, releasea, extinguistica, or terminae	ea by the organization daming
ı	Number of states where property subject to conserv	vation easement is located 🛌 👤 1	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of violations, and
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	ments during the year 🛌
,	A mount of expenses incurred in monitoring, inspect ►\$	ing, and enforcing conservation easement	ts during the year
3	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia	
art	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
la	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 fi	d for public exhibition, education or resear	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	
	(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, his	torical treasures, or other similar assets f	
	following amounts required to be reported under SFA		- •

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (a Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply) a Public exhibition d Loan or exchange programs	continued
items (check all that apply)	
a	
b Scholarly research e Other	
c Preservation for future generations	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV	
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	┌ No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	┌ No
b If "Yes," explain the arrangement in Part XIV and complete the following table	
Amount	
C Beginning balance	
d Additions during the year 1d	
e Distributions during the year 1e	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	┌ No
b If "Yes," explain the arrangement in Part XIV	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
	Years Bac
a Beginning of year balance	
b Contributions	
c Investment earnings or losses8,603,229 38,335,380 11,683,003 -48,273,254	
d Grants or scholarships	
e Other expenditures for facilities 4,597,163 6,798,800 4,142,860 3,802,227 and programs	
f Administrative expenses	
g End of year balance	
Provide the estimated percentage of the year end balance held as	
a Board designated or quasi-endowment ► 70 000 %	
b Permanent endowment ► 18 000 %	
C Term endowment ► 12 000 %	
Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by (i) unrelated organizations	
(i) unrelated organizations	No No
(ii) related organizations	1
Describe in Part XIV the intended uses of the organization's endowment funds	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
(a) Cost or other (b) Cost or other (c) Accumulated	ook value
La Land	13,250,594
	.86,855,83
c Leasehold improvements	24,581,80
	28,464,43
e Other	12,060,03
	65,212,70
	990) 201

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category (including name of security)	(b)Book value	l of valuation 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)	• 85,358,596	
Part VIII Investments—Program Related. Se		
		l 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)	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part 3		
-	(b) A mount	
Federal Income Taxes		
U S GOVT GRANTS REFUNDABLE	8,341,411	
COND ASSET RETIREMENT OBLIG	1,316,169	
INTEREST RATE SWAP AGREEMENTS	23,945,833	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	33,603,413	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	301,912,889
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	282,898,667
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,014,222
4	Net unrealized gains (losses) on investments	4	-14,055,591
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-9,717,499
9	Total adjustments (net) Add lines 4 - 8	9	-23,773,090
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,758,868
Par	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	212,803,116
2	Amounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	60,196
3	Subtract line 2e from line 1	3	212,742,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 689,529		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	89,169,969
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	301,912,889
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	207,844,485
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		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	14,115,787
3	Subtract line 2e from line 1	3	193,728,698
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 689,529		
b	Other (Describe in Part XIV)		
С		4	
•	Add lines 4a and 4b	4c	89,169,969

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

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

Identifier	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 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF INT RATE SWAP AGREEMENTS - 9,104,196 POSTRETIREMENT BENEFITS EXPENSE OTHER THAN NET PERIODIC COST -613,303 TOTAL TO SCHEDULE D, PART XI, LINE 8 -9,717,499
		PART XI, LINE 8 CHANGE IN THE VALUE OF INTEREST SWAP AGREEMENTS (\$9,104,196) POSTRETIREMENT BEN EXPENSE OTHER THAN NET PERIODIC COST (\$613,303) PART XII, LINE 2D COST OF GOODS SOLD \$13,639,594 CONFERENCE EXPENSES \$476,193 PART XII, LINE 4B FINANCIAL AID NETTED ON FINANCIALS \$88,480,440 PART XIII, LINE 2D COST OF GOODS SOLD \$13,639,594 CONFERENCE EXPENSES \$476,193 PART XIII, LINE 4B FINANCIAL AID NETTED ON FINANCIALS \$88,480,440

Software ID: Software Version:

EIN: 15-0532204

Name: ITHACA COLLEGE

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

(b)Book value	(c) Method of valuation Cost or end-of-year market value
10,354,206	F
14,941,263	F
1,501,922	F
1,273,654	F
925,206	F
2,282,176	F
990,876	F
1,095,720	F
2,704,745	F
887,381	F
833,520	F
1,062,344	F
1,881,778	F
876,342	F_
4,625,775	F_
10,925,796	F
2,788,375	F
3,390,477	F
10,147,200	F
7,573,670	F
2,101	F
3,673,620	F
620,449	F
	10,354,206 14,941,263 1,501,922 1,273,654 925,206 2,282,176 990,876 1,095,720 2,704,745 887,381 833,520 1,062,344 1,881,778 876,342 4,625,775 10,925,796 2,788,375 3,390,477 10,147,200 7,573,670 2,101 3,673,620

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078007533

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

▶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.

Schools

Name of the organization ITHACA COLLEGE

Employer identification number

	15-0532204			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
а	Does the organization maintain the following? 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	
_	basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	O ther 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? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	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 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Vas	

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) 2011

DLN: 93493078007533

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

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

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public

Interna	l Revenue Service					Inspection
	e of the organization ACA COLLEGE				Employer ident	ification number
1111/	aca college				15-0532204	
Pa	"Yes" to Form 990, P	on on Activiti art IV, line 14b	es Outside th	ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			s to substantiate the	amount of the grants	or
	assistance, the grantees' el	_			_	
	the grants or assistance? .					✓ Yes
2	For grantmakers. Describe in P United States	art V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Par	t V ıf addıtıonal s	pace is needed))		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or		(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for region/investments
			ındependent contractors	services, investments, grants to recipients located in the region)	service(s) in region	in region
	See Add'l Data			regiony		
	Sub-total Total from continuation sheets	1				2,046,36 398,27

166

c Totals (add lines 3a and 3b)

2,444,641

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(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 nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Schedule F (Form 990) 2011 Page **3** 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. (d) A mount of (e) Manner of cash (c) Number of (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of valuation assistance recipients cash grant disbursement non-cash of non-cash (book, FMV, assistance assistance appraisal, other) GRANT/SCHOLARSHIP EUROPE 1,699,000 ELECTRONICALLY DEP 230 TO STUDENT BILLING ACCOUNT 126,467 ELECTRONICALLY DEP GRANT/SCHOLARSHIP SOUTH AMERICA 14 TO STUDENT BILLING ACCOUNT GRANT/SCHOLARSHIP SUB-SAHARAN 7 71,600 ELECTRONICALLY DEP AFRICA TO STUDENT BILLING ACCOUNT 278,168 ELECTRONICALLY DEP GRANT/SCHOLARSHIP EAST ASIAN AND 35 THE PACIFIC TO STUDENT BILLING ACCOUNT 21.951 ELECTRONICALLY DEP GRANT/SCHOLARSHIP MIDDLE EAST AND 2 NORTH AFRICA TO STUDENT BILLING ACCOUNT GRANT/SCHOLARSHIP SOUTH ASIA 34,500 ELECTRONICALLY DEP 5 TO STUDENT BILLING ACCOUNT GRANT/SCHOLARSHIP RUSSIA & THE 3 17,450 ELECTRONICALLY DEP TO STUDENT BILLING NEWLY INDEPENDENT ACCOUNT STATES -GRANT/SCHOLARSHIP CENTRAL AMERICA 3 32,955 ELECTRONICALLY DEP TO STUDENT BILLING AND THE CARIBBEAN 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)	[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	F	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)	<u> </u>	Yes	Γ	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	্য	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)	▽	Yes	Γ	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	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

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

Software ID: Software Version:

EIN: 15-0532204 **Name:** ITHACA COLLEGE

Form 990 Schedule F	art I - Activi	ties Outside 1	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	1	STUDY ABROAD PROGRAM FOR COLLEGE STUDENTS IN LONDON	EDUCATIONAL DEGREE PROGRAM, INCLUDING INTERNSHIPS IN 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	1,630,763
EUROPE	0	2	INTERNATIONAL PROGRAMS - STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	36,374
CENTRAL AMERICA AND THE CARIBBEAN	0	2	INTERNATIONAL PROGRAMS - STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	91,340
SUB-SAHARAN AFRICA	0	1	INTERNATIONAL PROGRAMS - STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	35,600
EAST ASIA AND THE PACIFIC	0	6	INTERNATIONAL PROGRAMS - STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	108,853
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	1	TRAVEL IN SOUTH ASIA	INTERNATIONAL STUDENT RECRUITMENT	37,594
CENTRAL AMERICA AND THE CARIBBEAN -	0	8	TRAVEL IN THE SOUTHERN CARIBBEAN	MARTIN LUTHER KING SCHOLARS TRIP, ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND WORK ON RESEARCH PROJECT	62,157
EAST ASIA AND THE PACIFIC -	0	19	TRAVEL IN EAST ASIA & PACIFIC	ATTEND, SPEAK AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	43,684
EAST ASIA AND THE PACIFIC -	0	1	TRAVEL IN EAST ASIA & PACIFIC	RECRUITMENT OF INTERNATIONAL STUDENTS	24,042
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	63	TRAVEL IN EUROPE	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	225,928
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	1	TRAVEL IN EUROPE	RECRUITMENT OF INTERNATIONAL STUDENTS	2,711
MIDDLE EAST AND NORTH AFRICA -	0	3	TRAVEL IN THE MIDDLE EAST	ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND WORK ON RESEARCH PROJECT	4,424
NORTH AMERICA - CANADA AND MEXICO, BUT	0	40	TRAVEL IN CANADA & MEXICO	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES	70,874
NORTH AMERICA - CANADA AND MEXICO, BUT	1	1	TRAVEL IN CANADA	STUDENT RECRUITMENT	1,243
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	1	TRAVEL IN RUSSIA	PERFORM IN CONCERTS	1,000
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	7	TRAVEL IN SOUTH AMERICA	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	10,445
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	2	INTERNATIONAL PROGRAMS - SUMMER STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	24,980
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	3	TRAVEL IN SOUTH ASIA	STUDENT PROJECT DOCUMENTARY AND ANTHROPOLOGICAL RESEARCH	15,772
SUB-SAHARAN AFRICA - ANGOLA,	0	4	TRAVEL IN SUB- SAHARAN AFRICA	ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	16,857

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Schedule I

DLN: 93493078007533

OMB No 1545-0047

Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Inspection

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization Employer identification number ITHACA COLLEGE 15-0532204 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance 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	5841	75,113,428			
(2) GRADUATE ASSISTANT SCHOLARSHIP	162	1,306,692			
(3) HIGHER EDUCATION OPPORTUNITY PROGRAM	64	1,979,315			

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

Identifier	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: 93493078007533

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Compensation Information

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

Open to Public Inspection

ΙΤΗ	ACA COLLEGE 15-0532204						
Рa	Tt I Questions Regarding Compensation						
	Questions regarding compensation		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		No			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a		No			
b	Any related organization?	5b		Νο			
	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 the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes," to line 6a or 6b, describe in Part III

ın Part III

section 53 4958-6(c)?

7

8

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARY ELLEN ZUCKERMAN	(ı) (ıı)	188,270 0	0 0	11,601 0	17,013 0	12,882 0	229,766 0	
(2)THOMAS ROCHON	(ı) (ıı)	338,336 0	0 0	16,909 0	146,121 0	55,687 0	557,053 0	
(3) NANCY PRINGLE	(ı) (ıı)	171,173 0	10,000 0	20,437 0	15,222 0	9,506 0	226,338 0	
(4) ERIC MAGUIRE	(ı) (ıı)	161,887 0	0	700 0	14,511 0	10,654 0	187,752 0	
(5) CARL SGRECCI	(ı) (ıı)	200,516 0	0	15,763 0	17,189 0	4,778 0	238,246 0	
(6) RO CHELLE SEMMLER	(ı) (ıı)	182,837 0	0	10,850 0	16,134 0	8,268 0	218,089 0	
(7) BRIAN MCAREE	(ı) (ıı)	144,620 0	0	900	12,890 0	31,842 0	190,252 0	
(8) GREGORY WOODWARD	(I) (II)	156,652 0	0	920 0	13,974 0	9,749 0	181,295 0	
(9) MARISA KELLY	(ı) (ıı)	89,526 0	75,000 0	350 0	7,419 0	27,292 0	199,587 0	
(10) LESLIE LEWIS	(ı) (ıı)	164,838 0	0	1,100 0	14,429 0	6,768 0	187,135 0	
(11) GWEN SEAQUIST	(ı) (ıı)	117,802 0	0	51,856 0	10,546 0	9,408 0	189,612 0	
(12) DIANE GAYESKI	(ı) (ıı)	168,646 0	0	700 0	14,774 0	6,908 0	191,028 0	

Schedule J (Form 990) 2011 Page **3**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	ITHACA COLLEGE PROVIDES HOUSING AND COUNTRY CLUB MEMBERSHIP TO ITS PRESIDENT
	PART I, LINE 4B	PRESIDENT ROCHON RECEIVED A \$94,500 457F DISTRIBUTION IN FISCAL YEAR 2011

Schedule J (Form 990) 2011

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

2011

DLN: 93493078007533

Open to Public Inspection

Internal Revenue Service
Name of the organization
ITHACA COLLEGE

Department of the Treasury

Employer identification number

15-0532204

	n. d.t.														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pr	псе	(f) Descript	ion of Purpose	(g) Def	 feased	Beh	On alf of suer		Pool incing	
									Yes	No	Yes	No	Yes	No	
A	DORMITORY AUTH OF THE STATE OF NEW YORK	14-6000293	649905QU3	09-17-2009	36,903	14/1	REISSUANCE OF SERIES 2008 BONDS			Х		Х		х	
В	TOMPKINS CTY INDUSTRIAL DEV AGENCY	16-1214039	890099CQ5	11-10-2004	31,100	,000 RE	CONSTRUCTION AND RENOVATION OF CAMPUS FACILITIES			Х		Х		х	
С	TOMPKINS CTY INDUSTRIAL DEV AGENCY	16-1214039	890099CZ5	09-29-2005	49,624	,325 SE	ADVANCED REFUNDING OF SERIES 1997 AND SERIES 1998			Х		Х		х	
D	TOMPKINS CTY INDUSTRIAL DEV AGENCY	16-1214039	890099DU5	08-20-2009	30,924		ISSUANCE 07 BONDS	OFSERIES		Х		Х		х	
Pa	rt III Proceeds	•	•	•		•									
				Α			В		С		<u> </u>	D			
1	A mount of bonds retired					3,490,0	00	3,690,000		6,4	75,000	<u> </u>	1,440,000		
_2	A mount of bonds defeased														
3	Total proceeds of issue				3	86,903,1	47	32,424,139		49,6	24,325	<u> </u>	30,924,99		
4	Gross proceeds in reserve funds														
5	Capitalized interest from proc														
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds	S				439,5	439,564 343,050		497,030			581,248			
8	Credit enhancement from proc	ceeds					412,183			5	25,210				
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds						31,325,726							
11	Other spent proceeds				3	86,463,5	83	343,180		48,6	02,085		30	,343,746	
12	Other unspent proceeds														
13	Year of substantial completion	n			200	9		2007		2005			2009		
					Yes	No	Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as par	t of a current refund	ding issue?		X			X			X	X			
15	Were the bonds issued as par	t of an advance ref	unding issue?			Х		Х	Х					Х	
16	6 Has the final allocation of proceeds been made?			Х		Х		Х			Х				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х		Х		Х			Х				
Pa	rt IIII Private Business U	Jse							.						
						١		В		c			D		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

Χ

No

Х

Χ

Sche	dule K (Form 990) 2011									Page 2	
Par	t IIII Private Business Use (Continued)									•	
				Α	B			<u>C</u>		D	
3a	Are there any management or service contracts that may result in private use?	business	Yes X	No	Yes	No X	Yes	No X	Yes	No X	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?		Х								
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		х		х		×	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper										
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government			1 800 %	·	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 0		
6	Total of lines 4 and 5			1 800 %		0 %				0 '	
7	post-issuance compliance of its tax-exempt bond liabilities?			×	Х			Х	х		
Par	t IV Arbitrage										
		Yes	No	Yes	B No	Ye	C S	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		х			Х		×	
2	Is the bond issue a variable rate issue?		Х	Х		X				Х	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х	×		×				х	
ь	Name of provider	NA		UBS AG		BANK	OFAMER	ICA			
c	Term of hedge			30 000	000000000	20	8000000	00000			
d	Was the hedge superintegrated?		×		х			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		NA		NA	•		NA		
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х		х			Х		×	
5	Were any gross proceeds invested beyond an available temporary period?		x		х			X		х	

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary

Χ

Χ

Χ

Χ

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, COLUMN A	PART I (F)	THE PRIOR SERIES 2008 BONDS WERE ISSUED ON MAY 29, 2008
FORM 990, SCHEDULE K, COLUMN A		AMOUNT LISTED INCLUDES \$20,000 FOR STATE AND ISSURER ADMINSTRATIVE FEES
FORM 990, SCHEDULE K, COLUMN B		DIFFERENCE BETWEEN PART I(E) AND PART II 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS
SCHEDULE K,		AMOUNT LISTED INCLUDES \$393,187 7 FOR STATE AND ISSUER ADMINISTRATIVE FEES
FORM 990, SCHEDULE K, COLUMN 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, COLUMN C	PART IV, QUESTION 3	A SWAP WITH DEXIA CREDIT LOCAL WAS NOVATED ON SEPTEMBER 29, 2005 TO BANK OF AMERICA, N A
FORM 990, SCHEDULE K, COLUMN D	PART I (F)	THE PRIOR SERIES 2007 BONDS WERE ISSUED ON APRIL 26, 2007
FORM 990, SCHEDULE K, COLUMN E	PART I (E)	DIFFERENCE BETWEEN PART I(E) AND PART II 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS

Schedule K

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: 93493078007533

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

	e of the organization ACA COLLEGE								E	nployer	identific	ation numb	er	
1111	ACA COLLEGE								1	5-0532	204			
Pa	Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce (f) Description	of Purpose	(g) De	(g) Defeased		On alf of suer	(i) Pool financing	
									Yes	No	Yes	No '	Yes	No
Α	TOMPKINS CTY DEVELOPMENT CORPORATION	27-2290745	890096AT7	04-07-2011	25,869	,342 CON	JRBISHMENT	JISITION, STRUCTION AND RBISHMENT OF DORM COMMUNITY CENTER				×		Х
Pa	rt II Proceeds					_						1		
_	A mount of bonds retired				<u> </u>	4	1	В		С		D		
1_	Amount of bonds defeased													
					4									
3	Total proceeds of issue					25,870,855	5							
4	Gross proceeds in reserve fur													
_5	Capitalized interest from proceeds													
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds					420,463	3							
8	Credit enhancement from pro-					257,657								
9	Working capital expenditures	<u> </u>												
10	Capital expenditures from pro	ceeds			20,092,693									
11	Other spent proceeds					200,123	3							
12	Other unspent proceeds					4,899,919	9							
13	Year of substantial completio	n												
					Yes	No	Yes	No	Yes		No	Yes	\perp	No
14	Were the bonds issued as par	t of a current refund	ing issue?			Х								
15	Were the bonds issued as par	t of an advance refu	ndıng ıssue?			Х								
16	Has the final allocation of pro	ceeds been made?				Х								
17	Does the organization mainta allocation of proceeds?		nd records to supp	port the final	×									
Pa	rt IIII Private Business l	Jse			T		1					1		
				Yes	No	Yes	B No	Yes	C 	No	Yes	D	No	
1	Was the organization a partne		ra member of an L	LC, which owned	res	X	res	140	res		140	res		140
	richard manage by tax exer	erty illianced by tax-exempt bonds.					+	 		-		-	+	

financed property?

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

Part III	Private Business Use	(Continued)

	Frivate business use (continued)												
			A		В		С	1)				
		Yes	No	Yes	No	Yes	No	Yes	No				
3a	Are there any management or service contracts that may result in private business use?		×										
ь	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?												
С	Are there any research agreements that may result in private business use of bond-financed property?		x										
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?												
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %										
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											

Part IV Arbitrage

				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?		×						
			,						
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	NA							
С	Term of hedge								
d	Was the hedge superintegrated?		Х						
e	Was a hedge terminated?		Х						
4a	Were gross proceeds invested in a GIC?		Χ						
b	Name of provider	NA							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?		Х						

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078007533

Employer identification number

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

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

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

OMB No 1545-0047

2011

Open to Public Inspection

ПНАСА С	OLLEGE							1	5-05322	04			
Part I	Excess Benefit Trar Complete if the organizat							organı	zations d	nly).	ne 40b		
1	(a) Name of disqu			103 0111011	1	(b) Desc				i aic v , ii		(c) rected?	
						(=, = ===					Yes	No	
sec	er the amount of tax imposition 4958 er the amount of tax, if any								🕨	\$ —— \$			
Part II	Loans to and/or F Complete if the organiz), Part IV, line 26	, or Fori	m 990-E	Z, Part V	, line 38	a		
(a) Nam	e of interested person and purpose	(b) L or fro	oan to om the zation?	(c)Orig principal a	jinal	(d)Balance due	(e) defau	In			(g) Writt		
		То	From				Yes	No	Yes	No	Yes	No	
Total .					▶ \$								
Part III		ice Be	nefitt	ing Intere	ested I		l Line 1	 77					
(4				b) Relationsh	nıp betwe	een interested per ganization			ount of gi	ant or ty	pe of assi	stance	
						<u> </u>							
							-+						

Part IV	Business	Transactions	Involving	Interested	Persons
		I I a I I Sa Ca	±111 0 1 0 1 1 1 1 1 9	ziitoi obtoa	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	manswered les on	TOTHI 330, Part IV, III	16 Z0a, Z0b, 01 Z0c.			
(a) Name of interested person .) BRIAN SGRECCI	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?	
	organization		mount of (d) Description of transaction	Yes	No	
(1) BRIAN SGRECCI	SON OF TREASURER	·	CONTRACT TO PROVIDE LANDSCAPING SERVICES AT		No	

Part V Supplemental Information

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

Identifier Return Reference Ex

Schedule L (Form 990 or 990-EZ) 2011

DLN: 93493078007533

2011

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

NonCash Contributions

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** ITHACA COLLEGE 15-0532204 Part I Types of Property (d) (a) (b) (c) Number of Contributions Contribution amounts Check Method of determining reported on ıf or items contributed contribution amounts applicable Form 990, Part VIII, line **1** g Art—Works of art Χ 2 DE MINIMUS VALUE 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods 6 Cars and other vehicles Boats and planes 8 Intellectual property . . . 23 232,348 STOCK MARKET VALUE Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . Drugs and medical supplies . 20 **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . MUSICAL 2 DE MINIMUS VALUE Other►(<u>INSTRUMENTS</u>) Χ воокѕ, PLAYS Other►(<u>SCRIPTS</u> Χ 2 DE MINIMUS VALUE CDSAND 11 DE MINIMUS VALUE Other►(<u>DVDS</u> PAYMENT FO R ATHLETIC/OTHER **28** Other►(<u>EVENTS</u> Χ 4,071 CASH VALUE 7 INCH REELS OF VINTAGE Other ► (JINGLES Х 1 DE MINIMUS VALUE TV FOR Other►(<u>ATHLETICS</u>) Х DE MINIMUS VALUE PRO GRAM Other►(<u>MERCHANDISE</u>) Χ CASH VALUE PAYMENT FO R BLUEPRINTS - FREEMAN Other►(<u>FIELD</u> DE MINIMUS VALUE GIFT -1 DE MINIMUS VALUE Other►(<u>OTHER</u> Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property 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) 2011

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DLN: 93493078007533

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization ITHACA COLLEGE

Employer identification number

15-0532204

Identifier	Return	Explanation
	Reference FORM 990,	ITHACA COLLEGE'S AUDIT COMMITTEE OF THE BOARD RECEIVED THE PRESENTATION AND REVIEW OF
	PART VI, SECTION B, LINE 11	THACA 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
	FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES AND SENIOR MANAGEMENT COMPLETE ANNUAL CONFLICT OF INTEREST FORMS THE FORMS ARE SUBMITTED TO THE SECRETARY OF THE BOARD AND ALL DISCLOSED CONFLICTS ARE FORWARDED TO THE CHAIR OF THE AUDIT COMMITTEE FOR REVIEW AND ON-GOING MONITORING
	FORM 990, PART VI, SECTION B, LINE 15	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 COLLEGES 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
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -14,055,591 CHANGE IN VALUE OF INT RATE SWAP AGREEMENTS -9,104,196 POSTRETIREMENT BENEFITS EXPENSE OTHER THAN NET PERIODIC COST - 613,303 TOTAL TO FORM 990, PART XI, LINE 5 -23,773,090
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
DOCUMENT RETENTION AND DESTRUCTION POLICY	990, PART VI, SECTION B, LINE 14	WHILE ITHACA COLLEGE DOES NOT HAVE A FORMAL WRITTEN POLICY ABOUT DOCUMENT RETENTION AND DESTRUCTION, IT HAS GUIDELINES REGARDING DOCUMENT RETENTION AND DESTRUCTION THESE GUIDELINES ARE UNDER REVIEW FOR CODIFICATION INTO POLICY
LINE 5, COLUMN A SUPPLEMENTAL INFORMATION	SCHEDULE K, PART II	ISSUANCE COSTS FROM PROCEEDS INCLUDES \$243,726 TO PAY THE REMARKETING FEE
LINE 5, COLUMN B SUPPLEMENTAL INFORMATION	SCHEDULE K, PART II	ISSUANCE COST FROM PROCEEDS INCLUDES \$412,183 FOR BOND INSURANCE PREMIUM FEE.
LINE 7, COLUMN B SUPPLEMENTAL INFORMATION	SCHEDULE K, PART II	CAPITAL EXPENDITURES FROM PROCEEDS INCLUDES \$343,180 FOR STATE AND ISSUER ADMINISTRATIVE FEES
LINE 5, COLUMN C SUPPLEMENTAL INFORMATION	SCHEDULE K, PART II	ISSUANCE COST FROM PROCEEDS INCLUDES \$478,336 FOR BOND INSURANCE PREMIUM AND \$46,874 FOR THE LIQUIDITY FACILITY FEE.
LINE 5, COLUMN D SUPPLEMENTAL INFORMATION	SCHEDULE K, PART II	CAPITAL EXPENDITURES FROM PROCEEDS INCLUDES \$318,980 FOR BOND INSURANCE PREMIUM FEE

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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493078007533

OMB No 1545-0172

Department of the Treasury nternal Revenue Service (99)	•	See separate instruction	s. 🟲 Attach i		Attachment Sequence No 179		
Name(s) shown on returr ITHACA COLLEGE	1	Business	or activity to w	hich this form	relates	I	dentifying number
THINCH COLLEGE		FORM 99	90 PAGE 10			1	5-0532204
	<u> </u>	Certain Property Un					
		isted property, comple	ete Part V befo	ore you com	plete Part I.		
1 Maximum amount (se	•					1	500,000
		ced in service (see instru	•			2	
		y before reduction in limit	•	uctions) .		3	2,000,000
		from line 2 If zero or les	-			4	
	•	line 4 from line 1 If zero	or less, enter - ()- If married f	iling		
separately, see instr	uctions		· · · ·			5	
6 (a) Description of pr	roperty	(b) Cost (bu		(c) Elected co	ost	
							-
7 Listed property Ente	r the amount from	line 29		. 7			-
8 Total elected cost of	section 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		8	1
9 Tentative deduction	Enter the smaller	of line 5 or line 8				9	
10 Carryover of disallow	ed deduction from	n line 13 of your 2010 Fo	rm 4562 .			10	
		business income (not less tha		ee instructions)		11	
12 Section 179 expense	deduction Add li	ines 9 and 10, but do not	enter more that	n line 11		12	
·		012 Add lines 9 and 10,		.▶ 13			
		pelow for listed proper					
		Allowance and Othe			ınclude lısted pı	ropert	y) (See instructions)
	allowance for qua	lified property (other than					
15 Property subject to s		election				15	
16 Other depreciation (i						16	
		Do not include listed i	property.) (Se	e instruction	ıs.)		
	<u> </u>		ection A				
17 MACRS deductions f	or assets placed i	n service in tax years be	gınnıng before 2	011		17	
18 If you are electing general asset acco	•	ssets placed in servic	_	ax year into	one or more		
		Service During 20:		Using the (' recia	tion System
		(c) Basis for					
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conventi	on (f) Metho	d	(g) Depreciation deduction
19a 3-year property		only see instructions)					
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property						\longrightarrow	
f 20-year property	_					\longrightarrow	
g 25-year property			25 yrs	D4 D4	S/L	\longrightarrow	
h Residential rental property			27 5 yrs 27 5 yrs	M M M M	S/L S/L	\rightarrow	
i Nonresidential real			39 yrs	MM	S/L	-+	
property			33 ,13	ММ	S/L	\neg	
	ion C—Assets Plac	ced in Service During 201	1 Tax Year Using	1		1 Syst	em
20a Class life					S/L		
b 12-year			12 yrs		S/L		
c 40-year			40 yrs	MM	S/L		
	iry (see instruc	•					1
21 Listed property Ente						21	
and on the appropriat	e lines of your ret	14 through 17, lines 19 curn Partnerships and S	corporations—se	ee instructions		22	0
		service during the currention 263A costs		23			

Form 4562 (2011) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Section A—Depre	ciation a	<u>na Otner In</u>	тогта	tion (C	aution	<u>: 5ee</u>	uie i	<u>HSU UCU</u>	<u>ions for</u>	IIIIIII	101 pa	isseriy	<u>er au</u>	LOITIOL	nies. j
24a Do you have eviden	ce to support	the business/inve	estment u	ıse claımed	d? ┌ Yes	Гио		24	lb If "Yes,	" is the	ev idence	written?	,	s L	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	Basis for (busines us			(f) Recovery period	(g) Metho Conven	d/	(h Deprec dedu	iation/		(i) Elected section 179 cost	
25 Special depreciation allow 50% in a qualified busing	•		y placed	in service o	during the	tax yea	r and ι	ised more		25					
26 Property used more	•	•	usiness	use											
Le i repercy asea more		%	45111055	450											
		%											4		
27 Property used 50%	orlessina	% %	nace lie		<u> </u>			l							
27 i Toperty used 50 70	01 1033 111 0	%	1033 43						S/L -				\top		
		%							S/L -						
20 4 1 1		%			<u> </u>				S/L -				—		
28 Add amounts in co						ne 21,	page	1 .	28		T		Щ_		
29 Add amounts in co	olumn (ı), lın					•	<u></u>		<u> </u>		29				
Complete this section	for vehicles			—Infor						or rela	ted ner	eon			
If you provided vehicles to	your employe	es, first answer th	e questioi	ns in Sectio	n C to see	e if you r	neet a	ın excepti	on to com	oleting th	ns section	for thos	se vehic	eles	
30 Total business/inv	estment mi	les driven duri	na the		a)		b)		(c)		(d)		e)		(f)
year (do not includ			•	Vehi	cle 1	Veh	icle 2	Ve	hicle 3	Veh	nicle 4	Vehi	cle 5	Veh	ıcle 6
31 Total commuting r	nulae drivan	during the year	r							+		<u> </u>			
_								+		+		<u> </u>			
32 Total other person	•	-,						+							
33 Total miles driven through 32 .	auring the y	year Add lines													
34 Was the vehicle av	/aılable for p	personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs? .														
35 Was the vehicle us	•	y by a more tha	ın 5%												
owner or related po							-	+	-	_	+		\vdash		-
36 Is another vehicle		•			<u> </u>	<u> </u>	<u> </u>			<u>. </u>	<u> </u>	<u> </u>	<u> </u>		
Sectio Answer these question 5% owners or related	ns to determ		t an exc											not mo	re than
37 Do you maintain a				nibits all į	personal	use of	vehi	cles, inc	luding c	ommut	ing, by	your	 Y	'es	No
employees? .						•	٠			•		•			
38 Do you maintain a employees? See th															
39 Do you treat all us	e of vehicle	s by employee	s as per	rsonal us	e? .										
40 Do you provide movehicles, and retain				oyees, ob	otaın ınfo	ormatic	n fro	m your e	employee	s abou	t the us	e of th	e		
41 Do you meet the re				automobi	le demor	nstratio	on us	e? (See	ınstructı	ons)					
Note: If your answ	er to 37, 38	3, 39, 40, or 41	ıs "Ye:	s," do not	t comple	te Sec	tion E	3 for the	covered	vehicl	es				
	rtization														
		(b)		/-				(d)		(e)			(f)		
(a) Date			(c A morti			((d) Code		tızatıo	n	A mo	rtızatı	on for		
Description of costs amortization begins				amo				ection period or percentage			this year				
42 A mortization of co	sts that bed		r 2011	tax year	(see ins	tructio	ns)		1 2010	ugu	-				
	T			<u> </u>	-										
									1		1				
43 A mortization of co	sts that beg	gan before your	2011 t	ax year						43					

44 Total. Add amounts in column (f) See the instructions for where to report

44