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Form **990** 

**Return of Organization Exempt From Income Tax** 

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

2012

	nent of the Revenue	e Treasury Service	► The organization may have t	o use a copy of this return to s	atısfy	state repo	orting requirer	nents	, O	Open to Public Inspection
A Fo	r the 2	2012 cal	endar year, or tax year beginning	06-01-2012 , 2012, and endi	ng 05-	31-2013				
B Che	eck if ap	pplicable	C Name of organization ITHACA COLLEGE				D Empl	oyer i	dentif	fication number
☐ Add	ress ch	ange	Doing Business As				15-0	5322	204	
☐ Nar	me char	nge	Doing Business As							
☐ Init	ıal retur	m	Number and street (or P O box if ma	all is not delivered to street address)	Room/s	suite	E Teleph	one n	umber	r
☐ Ter	mınated	d	953 DANBY ROAD				·			
┌ Am	ended r	return	City or town, state or country, and Zi	IP + 4			(607	) 2 / 2	1-311	. 8
☐ App	olication	pending	ITHACA, NY 148507002				<b>G</b> Gross	receip	ts \$ 34	46,919,266
		ľ	F Name and address of princ	cipal officer		H(a)	Is this a grou	p reti	urn fo	
			GERALD HECTOR 953 DANBY ROAD				affiliates?			┌ Yes 🗸 No
			ITHACA,NY 148507002			Н(b)	Are all affiliate	es in	clude,	d?
	v avam	pt status	▼ 501(c)(3)			4	If "No," attac	h a li	st (se	ee instructions)
		·		nsert no )	27	H(c)	Group exemp	tion	numb	er <b>►</b>
	ebsite	::► WW	WITHACA EDU							
			Corporation Trust Association	Other 🕨		<b>L</b> Yea	r of formation 1	892	<b>M</b> Sta	ate of legal domicile NY
Pa	rt I		mary escribe the organization's mission							
Governance	L F I N	LIBERAL HUMANI PROGRA INTEGRA NONDEN ARTS ST	UDE OTHER PROFESSIONAL F ARTS CURRICULA THAT HAV TIES AND SCIENCES AS A RE MS, PROFESSIONAL AND LIBE AL PARTS OF A TOTAL ACADE IOMINATIONAL INSTITUTION UDIES THE COLLEGE SEEKS I	E GRADUALLY EVOLVED INT SULT OF THIS UNUSUAL HIS RAL STUDIES AT ITHACA C MIC PROGRAM ITHACA COL OFFERING A BROADLY DIV DIVERSITY IN ITS STUDENT	O TH STORY OLLEG LEGE ERSIF BODY	E LARGE ( OF INTE GE ARE T IS A FUL IED PRO ( AND AD	AND DIVERS ERWEAVING, ODAY MUTU LY ACCREDI GRAM OF PRO MITS APPLIO	E SC TWO ALLY FED, DFES	HOO DIS SUPI COEI	L OF TINCT PORTIVE AND DUCATIONAL, NAL AND LIBERAL
25	-									
Activities	2	Check th	ıs box 🖊 ıf the organization dis	continued its operations or dis	posed	of more t	han 25% of its	s net	asse	ts
¥.										
ă	l		of voting members of the governi					4	-	30
	l	4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)						5	+	27 5,742
	l		nber of walunteers (estimate if ne					6	_	27
	l		elated business revenue from Pa					78	,	-807
	bΝ	Net unre	ated business taxable income fro	om Form 990-T, line 34				71	,	-72,126
							Prior Year			Current Year
gi	8		outions and grants (Part VIII, lin				12,321			12,079,312
Rayenue	9	_	m service revenue (Part VIII, lin				279,106			295,126,207
	10		ment income (Part VIII, column			•	6,867,30			9,638,940
	11 12		revenue (Part VIII, column (A), l evenue—add lines 8 through 11 :		-	ne 🖳	3,017	3,617,368		3,581,797
		12) .	<u> </u>		•			301,912,889		320,426,256
	13		and similar amounts paid (Part 1				88,480	,440	<del>                                     </del>	95,043,940
	14 15		s paid to or for members (Part I) s, other compensation, employed				0		$\vdash$	
8	15	5-10)		e benefits (Furt 1X, column (A)	, 111103		121,683,955			127,854,895
Expenses	16a		sional fundraising fees (Part IX, o					0	<u> </u>	0
五	b		ndraising expenses (Part IX, column (D),						<u> </u>	
	17		expenses (Part IX, column (A), li			•	72,734			
	18 19		xpenses Add lines 13-17 (mus ue less expenses Subtract line 1			_	282,898 19,014			298,910,799
<u>***</u>						_	inning of Curre			End of Year
Not Assets or Fund Balances							Year		<u> </u>	
Ass dBa	20 21		ssets (Part X, line 16)			-	686,319 262,436			720,707,166
る 発量	22		sets or fund balances Subtract I				423,882			472,600,939
Pai	t II		ature Block		•		/	<u> </u>		73/223
my kr	nowled	lge and b	perjury, I declare that I have exa pelief, it is true, correct, and com owledge							
		****					2014-04-01			
Sign		Signa	ture of officer				Date			
Here	e		SGRECCI VP FINANCE & ADMINISTRATI	ON						
			nnt/Type preparer's name	Preparer's signature	T	Date	Check If	PTI		
Daid	4		AVID M STINSON				self-employed	P00	213287	7

Firm's name FSCIARABBA WALKER & CO LLP

ITHACA, NY 14850 May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$ 

Firm's address ► 410 EAST UPLAND ROAD

Paid

Preparer

**Use Only** 

Firm's EIN 🕨 16-1071694

Phone no (607) 272-5550

✓ Yes ☐ No

Form	Pag (2012)
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	riefly describe the organization's mission
GROV THRI KNOV BENE THEO PROC	OVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, ITHACA COLLEGE IS DEDICATED TO FOSTERING INTELLECTUAL H, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS THE ITHACA COLLEGE COMMUNITES ON THE PRINCIPLES THAT KNOWLEDGE IS ACQUIRED THROUGH DISCIPLINE, COMPETENCE IS ESTABLISHED WHEN EDGE IS TEMPERED BY EXPERIENCE, AND CHARACTER IS DEVELOPED WHEN COMPETENCE IS EXERCISED FOR THE TOF OTHERS A COMPREHENSIVE COLLEGE THAT SINCE ITS FOUNDING HAS RECOGNIZED THE VALUE OF COMBINING YAND PERFORMANCE, ITHACA PROVIDES A RIGOROUSEDUCATION BLENDING LIBERAL ARTS AND PROFESSIONAL AMS OF STUDY OUR TEACHING AND SCHOLARSHIP ARE MOTIVATED BY THE NEED TO BE INFORMEDBY, AND TO IBUTE TO, THE WORLD'S SCIENTIFIC AND HUMANISTIC ENTERPRISES LEARNING AT ITHACA EXTENDS BEYOND THE ROOM TO ENCOMPASS A BROAD RANGE OF RESIDENTIAL, PROFESSIONAL, AND EXTRACURRICULAR OPPORTUNITIES
2	Id the organization undertake any significant program services during the year which were not listed on lie prior Form 990 or 990-EZ?
	"Yes," describe these new services on Schedule O
3	Id the organization cease conducting, or make significant changes in how it conducts, any program ervices?
	"Yes," describe these changes on Schedule O
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by kpenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, be total expenses, and revenue, if any, for each program service reported
4a	Code ) (Expenses \$ 183,370,848 including grants of \$ 95,043,940 ) (Revenue \$ 244,310,059 ) INSTRUCTION, RESEARCH, AND PUBLIC SERVICE ITHACA COLLEGE ENROLLS ALMOST 6,800 STUDENTS AND OFFERS PRIMARILY UNDERGRADUATE DEGREES IN SEVERAL PROFESSIONAL AREAS AND THE ARTS AND SCIENCES THESE SERVICES ARE THE COLLEGE'S PRIMARY MISSION
4b	Code ) (Expenses \$ 30,284,460 including grants of \$ ) (Revenue \$ 50,816,148 )
-	AUXILIARIES SERVICES PROVIDED TO STUDENTS INCLUDING RESIDENCE, DINING HALLS, AND BOOKSTORE AND ENHANCE THE COLLEGE EXPERIENCE
	Code ) (Expenses \$ 21,658,394 including grants of \$ ) (Revenue \$ )
	ACADEMIC SUPPORT OFFICE OF THE DEANS, LIBRARY, ACADEMIC COMPUTING, AND CLIENT SERVICES, CONTINUING EDUCATION, CENTER FOR CULTURE, RACADEMIC SUPPORT THE COLLEGE'S PRIMARY MISSION OF INSTRUCTION, RESEARCH, AND PUBLIC SERVICE
	Code ) (Expenses \$ 26,770,161 including grants of \$ ) (Revenue \$ )
	STUDENT SERVICES STUDENT SUPPORT SERVICES INCLUDING ADMISSIONS, REGISTRAR, ATHLETICS, AND STUDENT CLUBS THESE SERVICES CONTRIBUTE TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING
4d	Other program services (Describe in Schedule O )
	Expenses \$ 26,770,161 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 262,083,863

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
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 and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🦉	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 direct or indirect 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 $M$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	and that is treated as a partite simp for reactar medine tax purposes. It is respected series are virus			

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   489		103	140
	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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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, securities account, or other financial 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			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).		1	1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			140
	<u> </u>	•		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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.	٣		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	90		
LO				
	Initiation fees and capital contributions included on Part VIII, line 12	-		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them )		1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. Section A. Governing Body and Management

			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax  1a								
	year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	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? .								
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		Νo					
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		N o					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
		_							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_							
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) <b>No</b>					
10a	Did the organization have local chapters, branches, or affiliates?	_		e.)					
10a b	Did the organization have local chapters, branches, or affiliates?	evenu		e.) <b>No</b>					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) <b>No</b>					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>					
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) <b>No</b>					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  O ther officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes	No No					

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 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 Upon request Other (explain in Schedule O)
  - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►GERALD HECTOR VP OF FINANCE & ADMIN 953 DANBY ROAD ITHACA COLLEGE ITHACA, NY (607) 274-3118

Form	990	(2012
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table											
	•	•	•							Form <b>990</b> (2012)	

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

		I	I					1	Γ		Τ			
	(A) Name and Title	(B) A verage hours per week (list any hours	more t	Position (do not check more than one box, unless person is both an officer and a director/trustee)  O D D D D D D D D D D D D D D D D D D								-	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed │
1b	Sub-Total			•		<u> </u>	<u> </u>	<b> </b>						
c	Total from continuation sheet	•		٠.	•			<b>*</b>		2 520 051		0		F20 F24
d 	Total (add lines 1b and 1c) .  Total number of individuals (in			to the	ose	lıste	d abov	e) w	ho receive	2,528,051 d more th		<u>"</u>		520,534
	\$100,000 of reportable compe	ensation from th	e organ	ızatı	on <b>►</b> 1	171								
_	Dallih and the first section of	cc				1							Yes	No
3	On line 1a? If "Yes," complete S							yee, •	or nignes .	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1									anızatıon	or individual for		163	
	services rendered to the organ	iization? <i>If</i> "Yes	," compl	ete S	chea	iule J	tor su	ch pe	erson .		[	5		No
	ction B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
	N	( <b>A)</b> ame and business	address								(B) scription of services		(C Comper	
	KO 9801 WASHINGTONIAN BLVD GAITH									MANAGEME		$\perp$		,009,652
	AYNER HOYT CORP 625 ERIE BLVD WE										CTION MANAGEMENT	$\perp$		,677,068
	IKE COMPANY ONE CIRCLE STREET RO BROAD 33 WEST MONROE STREET STE										CTION MANAGEMENT ROAD PROFESSIONALS	$\dashv$		,479,439 ,131,790
	MAN ASSOCIATES INC 6 RAILROAD AVE										CTION MANAGEMENT			,960,790
2	Fotal number of independent co	ntractors (inclu	dına but	not	lımıt	ed to	o those	e list	ed above)	who rece	ived more than			

Part V	4444	Statement of Revenue Check if Schedule O contains a respon	se to any question	ın thıs Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0)	1a	Federated campaigns 1a					311
ributions, Gifts, Grants Other Similar Amounts	ь	Membership dues 1b					
Gra mo	c	Fundraising events 1c	-				
ffs, irA	d	Related organizations 1d					
, Gi nila	e	Government grants (contributions) 1e	2,902,981				
Contributions, and Other Sim					ļ		
utic 1er	f	All other contributions, gifts, grants, and similar amounts not included above	9,176,331				
ti O∉	g	Noncash contributions included in lines 1a-1f \$	1,758,390				
Coni and	h	Total. Add lines 1a-1f		12,079,312			
			Business Code				
Program Serwce Revenue	2a	TUITION & FEES	900099	244,310,059	244,310,059		
Re Ve	ь	ROOM	721000	34,282,988	34,282,988		
ce l	С	BOARD	722210	11,524,707	11,524,707		
er v	d	SALES-EDUCATION DEPART	611710	3,938,504	3,938,504		
m 5	e	CONFERENCES	611710	1,069,949	1,069,949		
ୁମୟ	f	All other program service revenue					
Ğ	g	Total. Add lines 2a-2f	🛌	295,126,207			
	3	Investment income (including dividend		1,867,612		-73,269	1,940,881
	4	and other similar amounts)  Income from investment of tax-exempt bond p	F	, ,		,	, , , , , , , , , , , , , , , , , , ,
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities Gross amount	(II) O ther				
	, a	from sales of 29,720,400 assets other than inventory	81,911				
	Ь	Less cost or other basis and 21,952,213	78,770				
	c	sales expenses Gain or (loss) 7,768,187	3,141				
	d	Net gain or (loss)	·	7,771,328			7,771,328
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<u>ē</u>	 	a l					
o#	b c	Less direct expenses <b>b</b> Net income or (loss) from fundraising e	events 🛌				
_		Gross income from gaming activities See Part IV, line 19					
	L	a l					
	b c	Less direct expenses <b>b</b> Net income or (loss) from gaming active	/ities ⊾				
	10a	Gross sales of inventory, less returns and allowances .					
	L	a	6,618,782				
	b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inve	4,462,027	2,156,755		64,552	2,092,203
	۲	Miscellaneous Revenue	Business Code	,,		,	,,-33
	11a	ALL OTHER INCOME	900004	1,425,042		7,910	1,417,132
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	1,425,042			
	12	Total revenue. See Instructions	· · · •	320,426,256	295,126,207	-807	13,221,544

	990 (2012)				Page <b>10</b>
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ions must comp	lete column (A.)	
36000	Check if Schedule O contains a response to any question in this Pa			lete Column (A)	
Do no	et include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		скрепьез	general expenses	скрепосо
2	Grants and other assistance to individuals in the United States See Part IV, line 22	05.042.040	05.042.040		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	95,043,940	95,043,940		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,764,611		1,764,611	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	95,158,955	77,364,231	, ,	1,979,306
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,176,054	5,023,571	1,023,959	128,524
9	Other employee benefits	18,033,567	14,009,750	3,648,781	375,036
10	Payroll taxes	6,721,708	4,639,323	1,942,573	139,812
11	Fees for services (non-employees)				
а	Management				
b	Legal	239,869	23,987	215,882	
c	Accounting	192,835	3,857	188,978	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	770,615		770,615	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,787,616	8,319,474	1,468,142	
12	Advertising and promotion	947,563	482,310	207,516	257,737
13	Office expenses	317,303	102,310	207,510	237,737
14	Information technology				
15	Royalties				
16	Occupancy	5,976,419	5,677,598	298,821	
17	Travel	4,138,344	3,331,367	703,518	103,459
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,130,344	3,331,307	703,310	103,437
19	Conferences, conventions, and meetings				
20	Interest	8,692,240	8,692,240		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,980,014	16,721,413	1,258,601	
23	Insurance	3,053,726	2,137,608	916,118	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUPPLIES	6,358,881	5,468,638	813,937	76,306
b	RENTALS AND LEASES	3,717,341	3,122,566	594,775	0
c	ENTERTAINMENT	2,585,307	2,585,307		
d	LIVING EXPENSES	2,317,741	2,317,741		
e	All other expenses	9,253,453	7,118,942	1,954,864	179,647
25	Total functional expenses. Add lines 1 through 24e	298,910,799	262,083,863	33,587,109	3,239,827
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

. G	T X	Check if Schedule O contains a response to any question in the	nis Pa	rt X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1,015,784	1	1,120,791
	2	Savings and temporary cash investments			86,770,527	2	83,946,545
	3	Pledges and grants receivable, net			4,556,832	3	3,580,650
	4	Accounts receivable, net			2,545,888	4	2,918,149
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	conti emplo	ributing employers		6	
82	7	Notes and loans receivable, net			9,211,773		9,038,057
4	8	Inventories for sale or use			779,831	8	751,347
	9	Prepaid expenses and deferred charges			4,444,603	<u> </u>	3,542,318
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	572,811,761	, ,	-	0,042,010
	ь	Less accumulated depreciation	10b	203,190,170	365.212.700	100	369,621,591
	11	Investments—publicly traded securities		<u> </u>	117,921,987	11	131,654,218
	12	Investments—other securities See Part IV, line 11			85,358,596	12	111,687,131
	13	Investments—program-related See Part IV, line 11			05,550,590	13	111,007,131
	14	Intangible assets				14	
					8,500,703		2,846,369
	15	Other assets See Part IV, line 11			· · · · · ·		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			686,319,224	16	720,707,166
	17	Accounts payable and accrued expenses			37,796,633	17	35,852,181
	18	Grants payable			E 000 630	18	C 400 F64
	19	Deferred revenue			5,980,638		6,490,561
	20	Tax-exempt bond liabilities			185,056,216		178,785,354
es.	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabiliti	22	Loans and other payables to current and former officers, direc key employees, highest compensated employees, and disqual	lıfıed	·			
<u>.</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti	es .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties	•			24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete P	art X	of Schedule	33,603,413	25	26,978,131
	26	D			262,436,900	26	248,106,227
	26	Total liabilities. Add lines 17 through 25			202,430,300	20	240, 100,227
Φ S		lines 27 through 29, and lines 33 and 34.	v ai	ia complete			
5	27	Unrestricted net assets			287,541,404	27	328,043,233
<u> </u>	28	Temporarily restricted net assets			100,186,285	28	106,601,918
— —	29	Permanently restricted net assets			36,154,635	29	37,955,788
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check			==,,,555		
<u>.</u>		complete lines 30 through 34.	iicic r	, una			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ΑS	32	Retained earnings, endowment, accumulated income, or other				32	
Net	33	Total net assets or fund balances			423,882,324	33	472,600,939
Ż	34	Total liabilities and net assets/fund balances			686,319,224	34	720,707,166
	<u>ı                                    </u>	. 111			1 550,010,224	<u> </u>	. 20,707,100

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		320,4	126,256
2	Total expenses (must equal Part IX, column (A), line 25)	2		298,9	10,799
3	Revenue less expenses Subtract line 2 from line 1	3		21,!	515,457
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 382,324
5	Net unrealized gains (losses) on investments	5			313,702
6	Donated services and use of facilities	6			<b>,</b>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5,3	389,456
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			500,939
Par	t XII Financial Statements and Reporting			•	•
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	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	require	<b>3b</b>	Yes	

Software ID: **Software Version:** 

**EIN:** 15-0532204

Name: ITHACA COLLEGE

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

บกกเตยร, มเก าdent Contra	ectors actors	,Tru	ıste	es,	Key	En	nployees, Highe	st	
(B) Average hours per week (list	Positio more unless an o direo	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
1 00	Х		X				0	0	0
40 00	х		х				374,215	0	169,284
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
40 00	х						63,218	0	12,489
1 00	х						0	0	0
40 00	х						67,319	0	12,821
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	х						0	0	0
1 00	х						0	0	0
1 00	x						0	0	0
	### Contract  (B)  A verage hours per week (list any hours for related organizations below dotted line)  1 00	Note	A verage   hours   year   ye	Average   Position   (C)   Average   Position   (C)   P	A verage   hours   per   week (list   any hours   for related   line)     1 00	C	A Verage week (list any) hours per week (list) any hours below dotted line)   Registrated organizations below dotted li	Note   Position   Note   Note   Position   Note   Note   Note   Position   Note   Note	C

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

Compensated Employees, and Indepen				1510	.cs,	Rey	· E-11	iipioyees, iligile	31	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an d	(C on (do than pers office ctor/t	o not n one son is er and	box s bot d a tee)	th	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
RICHARD EATON TRUSTEE	1 00	х						0	0	0
DAVID BACHRACH TRUSTEE	1 00	х						0	0	0
JAMES NOLAN JR TRUSTEE	1 00	х						0	0	0
TARIQ MEYERS TRUSTEE	1 00	х						0	0	0
DAVID LEBOW VICE CHAIR	1 00	х		х				0	0	0
NANCY PRINGLE VP COLLEGE COUNSEL	40 00			х				196,060	0	44,408
ERIC MAGUIRE VP ENROLLMENT MGT	40 00			х				168,288	0	26,286
CARL SGRECCI VP FINANCE & ADMINISTRATIO	40 00			х				213,881	0	22,821
ROCHELLE SEMMLER VP INSTITUTIONAL ADVANCEME	40 00			х				44,378	0	5,131
BRIAN MCAREE VP STUDENT AFFAIRS & CAMPU	40 00			х				140,615	0	47,227
MARISA KELLY VP & PROVOST	40 00			х				186,918	0	30,750
CHRISTOPHER BIEHN VP INSTITUTIONAL ADVANCEME	40 00			х				198,422	0	25,999
LESLIE LEWIS DEAN	40 00					х		171,150	0	22,549
GWEN SEAQUIST PROFESSOR	40 00					х		172,870	0	22,274
DIANE GAYESKI DEAN	40 00					х		173,772	0	23,833
MARY ELLEN ZUCKERMAN DEAN	40 00					х		205,099	0	31,097
JEFFREY LIPPIT PROFESSOR	40 00					х		151,846	0	23,565

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493091003104

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

ITHACA COLLEGE

# **Public Charity Status and Public Support**

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

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

Open to Public Inspection

									15-0532			
	t I			blic Charity Sta					<u> </u>	ınstruction	ns.	
The c	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (For	lines 1 thro	ough 11, chec	k only one	box)			
1		A chur	ch, convent	on of churches, or as	ssociation of	fchurches	described in	section 170	(b)(1)(A)(i)	•		
2		A scho	ol described	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sche	dule E )					
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>secti</b>	on 170(b)(1	L)(A)(iii).			
4	Γ			n organization operat	ted ın conjun	iction with	a hospital de	scribed in <b>s</b> e	ection 170(b)	(1)(A)(iii).	. Enter the	!
_	_			ty, and state	+ - <del>-</del>							
5	ı			erated for the benefi		e or univers	ity owned or	operated by	a governme	ntai unit des	scribed in	
_	_			A)(iv). (Complete P	•			Li 470(L)	(4)(4)()			
6	<u> </u>			local government or	-			• • •	. , , , ,			ı
7	ı			at normally receives on 170(b)(1)(A)(vi).			s support fror	n a governm	nental unit or	from the ge	nerai pub	IC
8	Γ			described in <b>section</b>			mplete Part	II )				
9	$\Gamma$	An org	anization th	at normally receives	(1) more th	an 331/3%	of its suppor	t from contr	ıbutıons, mei	mbership fee	es, and gr	oss
		receipt	s from activ	ities related to its ex	xempt functi	ons—subje	ct to certain	exceptions,	and (2) no m	ore than 33	31/3% of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	ess taxable ı	ncome (less	s section 51:	L tax) from l	businesse	S
		acquire	ed by the org	janızatıon after June	30,1975 S	ee <b>section</b>	509(a)(2).(	Complete Pa	art III )			
10	Γ	An org	anızatıon or	ganized and operated	dexclusively	to test for	public safety	y See <b>sectio</b>	on 509(a)(4)			
11	$\Gamma$			ganized and operated								
				ly supported organiz						See <b>section</b>	509(a)(3	<b>).</b> Check
				bes the type of supp <b>b</b> Type II <b>c</b>						lan funation	nallu intaa	rated
_	_		* *	ox, I certify that the								
е	,			ox, I certify that the on managers and otl								
			n 509(a)(2)	<b>,</b>			,,	<b>J</b>			· · · · · · · · · · · · · · · · · · ·	/(- /
f				received a written de	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppoi	rtıng orga	nizatio <u>n,</u>
			this box	2006, has the organi	ization accor	ated any gu	ft or contribu	tion from an	v of the			J
g			ng persons?	1000, nas the organi	ization acce	oted any gr	it of contribu	cion nom an	y or the			
				rectly or indirectly o	ontrols, eith	er alone or	together wit	h persons d	escribed in (i	ι)	Ye	s No
		and (111	) below, the	governing body of th	e supported	organizatio	on?			11	1g(i)	
		(ii) A f	amıly memb	er of a person descri	ıbed ın (ı) ab	ove?				11	lg(ii)	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)	
h		Provide	e the followi	ng information about	the support	ed organıza	ition(s)				•	
			1									
-	) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	(vi) I:		1 ' '	mount of
	uppoi ganiza			organization (described on	organızat col <b>(i)</b> lıs		the orgar in col (i)		organiza col (i) or			netary pport
0.	gamz	acion		lines 1- 9 above	your gove		suppo		in the		"	pport
				or IRC section	docume	_						
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	1	
Total												

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493091003104

# OMB No 1545-0047

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	me of the organization ACA COLLEGE			Employer iden	tification number
				15-0532204	
Par	t I-A Complete if the or	ganization is exempt under	section 501(d	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign acti	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(d	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b></b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	n 4955 ►	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	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 I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
		I	1		1

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

encadio o (i	51111 550 01 550 EE/E01E		i age i
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT	
	filed Form 5768 (election under section 501(h)).		
		(-)	<b>(b)</b>

For a	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)			(b)		
activ		Yes	No	/	A moun	t		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of							
а	Volunteers?		Νo					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo					
C	Media advertisements?		Νo					
d	Mailings to members, legislators, or the public?		Νo					
е	Publications, or published or broadcast statements?		Νo					
f	Grants to other organizations for lobbying purposes?		Νo					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	T				
i	O ther activities?	Yes		T	1	8,726		
j	Total Add lines 1c through 1i			T	1	8,726		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo					
b	If "Yes," enter the amount of any tax incurred under section 4912			1				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n		
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."							
1	Dues, assessments and similar amounts from members	1						
2	Section 162(e) nondeductible 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							

## Part IV Supplemental Information

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

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

I dentifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	······,··	MEMBERSHIP DUES PAID TO VARIOUS ORGANIZATIONS THAT LOBBY AS PART OF THEIR ACTIVITIES

4

DLN: 93493091003104

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Open to Public Inspection

Name of	f the organization		Employer identifica	ation number	er
THACA C	COLLUC		15-0532204		
Part I				. Comple	te if the
	organization answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	(b) Funds and	other accou	ıntc
Tota	al number at end of year	(a) Donor advised funds	(b) I dilus alid	other accor	11105
	gregate contributions to (during year)				
	gregate grants from (during year)				
	gregate value at end of year				
Dıd	I the organization inform all donors and donor advisors are the organization's property, subject to the or		or advised	☐ Yes	┌ No
Dıd use	I the organization inform all grantees, donors, and deed only for charitable purposes and not for the beneful of the beneful o	onor advisors in writing that grant funds		┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV	/, line 7.	<u> </u>
다 고 Coi	rpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space mplete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	i historically importan certified historic struc the form of a conserva	ture	
eas	sement on the last day of the tax year	1	Hold at the	End of the	Voar
Tot	al number of conservation easements		2a	Eliu oi tile	Teal
	al acreage restricted by conservation easements		2b		101 0
	mber of conservation easements on a certified histo	oric structure included in (a)	2c		
	mber of conservation easements included in (c) acq toric structure listed in the National Register	uired after 8/17/06, and not on a	2d		
Nur	mber of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization	during	
the	tax year <b>►</b>				
Nur	mber of states where property subject to conservat	ion easement is located 🕨 1			
Doe	es the organization have a written policy regarding to forcement of the conservation easements it holds?		—— dling of violations, and	∀ Yes	┌ No
Sta ►	ff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	ments during the year		
A m	ount of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year		
<b>►</b> \$		,	,		
Doe	es each conservation easement reported on line 2(of section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)	✓ Yes	┌ No
bala	Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial			
	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Other Similar	Assets.	
wor	he organization elected, as permitted under SFAS 1 ks of art, historical treasures, or other similar asse vice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education,	or research in further		
If t wor	he organization elected, as permitted under SFAS 1 ks of art, historical treasures, or other similar asse vice, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balanc		lıc
(i)	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		
	Assets included in Form 990, Part X				
Ift	he organization received or held works of art, histor owing amounts required to be reported under SFAS				
Rev	venues included in Form 990, Part VIII, line 1		<b>►</b> \$		
۸۰۰	sets included in Form 990 Part Y		<b>L</b> &		

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	itorical i	<u>reasures, or C</u>	<u>itne</u>	r Similar As	sets (co	ontinued)_
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck any of	the following that	are a	sıgnıficant use	of its	
а	Public exhibition		d	┌ Loan	or exchange prog	rams	i		
ь	Scholarly research		е	┌ Othe	r				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and expl	aın hov	w they furth	er the organization	ı's ex	kempt purpose	ın	
5	During the year, did the organization solicit	or receive donatior	ıs of aı	t, historica	l treasures or othe	rsın	nılar		
	assets to be sold to raise funds rather than		-					│ Yes	<u> </u>
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				utions or other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete th	e follov	wing table	г				
					-		An	nount	
с	Beginning balance				-	1c			
d	Additions during the year				-	1d			
е	Distributions during the year					1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, III	ne 21?	•				│ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if th	e expla	anation has	been provided in F	art :	XIII		Γ
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year	<b>b (c)</b> Two years back	+		(e)Four y	
1a	Beginning of year balance	203,488,681		209,669,014			111,899,492		64,702,143
Ь	Contributions	18,178,725		8,498,106	4,033,341	-	57,765,032		661,886
С	Net investment earnings, gains, and losses	29,585,030		-8,603,229	38,335,380		11,683,003	-4	18,273,254
d	Grants or scholarships	1,450,009		1,478,047	1,570,445	5	1,535,129		1,389,056
e	Other expenditures for facilities and programs	6,288,141		4,597,163	6,798,800		4,142,860		3,802,227
f	Administrative expenses								
g	End of year balance	243,514,286		203,448,681	209,669,014	ŀ	175,669,538	11	1,899,492
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, colun	nn (a)) held as				
а	Board designated or quasi-endowment 🕨	71 000 %							
ь	Permanent endowment ► 16 000 %								
С	Temporarily restricted endowment ► 13	000 %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and administere	d for	the		
	organization by							Yes	No
	(i) unrelated organizations					•	3a(	_	No
b	(ii) related organizations					•	3a(	_	No I
4	Describe in Part XIII the intended uses of the					•	3	<u>,                                     </u>	<u> </u>
	t VI Land, Buildings, and Equipme				10.				
	Description of property		<i></i>	(a) Cost or basis (invest	other (b)Cost or of		(c) Accumulated depreciation	(d) Bo	ok value
					13,289	,594		1	3,289,594
	Buildings				389,754		101,936,334		7,818,141
	_easehold improvements				89,698	-	61,316,960	+	8,381,199
	Equipment				58,317	_	29,614,994	+	8,702,805
	Other				21,751		10,321,882	+	1,429,852
	I. Add lines 1a through 1e (Column (d) must e			ımn (B), lıne				+	9,621,591

Part VII Investments—Other Securities. See F	orm 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value		of valuation
(including name of security)		Cost or end-of-y	ear market value
(1)Financial derivatives			
(2 )Closely-held equity interests			
Other			
See Additional Data Table			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	111,687,131		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		of valuation
		Cost or end-of-y	vear market value
+			
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, line	e 15.		
(a) Descript	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of liability	(b) Book value		
Federal Income taxes			
U S GOVT GRANTS REFUNDABLE	0 226 021		
	8,336,821		
COND ASSET RETIREMENT OBLIG	966,628		
INTEREST RATE SWAP AGREEMENTS	17,674,682		
-			
Tabel (Column (b) great agreed Form 2000 for the 1/100 / 100 for			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	26,978,131		

Par	XI Reconciliation of Revenue per Audited Financial Stat	teme	nts With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements			1	260,306,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	21,813,702		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)................	2d	13,881,080		
e	Add lines <b>2a</b> through <b>2d</b>			2e	35,694,782
3	Subtract line <b>2e</b> from line <b>1</b>			3	224,611,701
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	770,615		
b	Other (Describe in Part XIII)..............	4b	95,043,940		
C	Add lines <b>4a</b> and <b>4b</b>			4c	95,814,555
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	320,426,256
Part	XII Reconciliation of Expenses per Audited Financial Sta	iteme	ents With Expenses	per	Return
1	Total expenses and losses per audited financial statements			1	216,977,324
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d	13,881,080		
e	Add lines 2a through 2d			2e	13,881,080
3	Subtract line <b>2e</b> from line <b>1</b>			3	203,096,244
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	770,615		
b	Other (Describe in Part XIII )	4b	95,043,940		
C	Add lines <b>4a</b> and <b>4b</b>			4c	95,814,555
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)		5	298,910,799

#### Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 13,539,982 CONFERENCE EXPENSES 341,098
PART XI, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID NETTED ON FINANCIALS 95,043,940
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 13,539,982 CONFERENCE EXPENSES 341,098
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID NETTED ON FINANCIALS 95,043,940

## Software ID: Software Version:

**EIN:** 15-0532204

Name: ITHACA COLLEGE

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

Form 990, Schedule D, Part VII - Investme (a) Description of security or cateory (including name of security)	ents— Other Securities (b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(3)Other (A) ARCHSTONE MKT NEUTRAL STRATEGY	11,665,330	F
(B) BARLOW PARTNERS OFFSHORE	10,858,155	F
(C) COMMONFUND CAPITAL INTL PRTNERS IV	1,211,178	F
(D) C/F INT'L PRIVATE EQUITY PTNERS VI LP	1,518,901	F
(E) C/F INT'L PRIVATE EQUITY PTNERS V LP	859,890	F
(F) COMMONFUND CAPITAL VENTURE PRTNERS VI	1,645,102	F
(G) COMMONFUND CAPITAL VENTURE PRTNERS VII	897,727	F
(H) C/F PRIVATE EQUITY PTNERS VII	1,305,288	F
(I) COMMONFUND CAPITAL PRIV EQUITY PRTNERS V	2,051,278	F
(J) COMMONFUND CAPITAL PRIV EQUITY PARTNERS VI	790,686	F
(K) COMMONFUND CAPITAL VENTURE PARTNERS VIII	917,475	F
(L) JER EUROPE FD III	1,011,400	F
(M) JER REAL ESTATE QUALIFIED PARTNERS III	1,554,373	F
(N) JER REAL ESTATE QUALIFIED PARTNERS IV,	620,522	F
(O) LEXINGTON CAPITAL PARTNERS VIA	4,312,344	F
(P) PERRY PARTNERS INT LP CLASS F	9,358,057	F
(Q) REALTY ASSOC FUND VII CORP	2,532,946	F
(R) REALTY ASSOC FUND VIII	3,446,400	F
(S) REALTY ASSOCIATES FUND IX CORP	10,150,340	F
(T) WELLINGTON ARCHIPELAGO HOLDING	8,788,169	F
(U) SIGULER GUFF DISTRESSED FUND	3,077,116	F
(V) AG CORE PLUS REALTY FUND	1,587,596	F
(W) IRON POINT REAL ESTATE PARTNERS	870,567	F
(X) HOPLITE OFFSHORE FUND	3,172,592	F
(Y) STEADFAST INTERNATIONAL	3,015,490	F
(Z) WELLINGTON CTF SRA	12,468,586	F
(AA) SSGA US TIPS INDEX CTF	3,435,010	F
(AB) FPA CRESCENT	4,453,613	F
(AC) DAVIDSON KEMPNER	4,111,000	F

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As Filed Data -

DLN: 93493091003104

# OMB No 1545-0047

MB NO 1545-004

2012

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

ITHACA COLLEGE

Name of the organization

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

15-0532204 Part I YES NO 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 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 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 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? No\_ 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

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

Identifier 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) 2012

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As Filed Data -

DLN: 93493091003104

OMB No 1545-0047

**SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

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

> Open to Public Inspection

Department of the Treasury
nternal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

	ne of the organization ACA COLLEGE				Employer ident	fication number
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				15-0532204	
Pa	General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered
1	<b>For grantmakers.</b> Does the dassistance, the grantees' eligible the grants or assistance?	jibility for the o	grants or assis	tance, and the selection	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitorii	ng the use of grant fui	nds outside
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ice is needed )	
	<b>(a)</b> Region	( <b>b)</b> Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region

		offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
	See Add'l Data			,		
3a	Sub-total	2	125			1,501,963
Ь	Total from continuation sheets to Part I	0	142			334,830
c	Totals (add lines 3a and 3b)	2	267			1,836,793
F D		A1 T A	f F 000	C-1	N = E0000314/	-I- F (F 000) 2042

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	<b>(f)</b> 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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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.

Part III can be duplicated if additional space is needed.

Part III can be	duplicated if additio	<u>nal space is ne</u>	eded.				1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANT/SCHOLARSHIP	EUROPE	213		ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	SOUTH AMERICA	12		ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	SUB-SAHARAN AFRICA	4	·	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	EAST ASIAN AND THE PACIFIC	23	·	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP	MIDDLE EAST AND NORTH AFRICA	3	·	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
GRANT/SCHOLARSHIP		4	25,206	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
	NEWLY INDEPENDENT STATES -	1	·	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			
	CENTRAL AMERICA AND THE CARIBBEAN -	2	,	ELECTRONICALLY DEP TO STUDENT BILLING ACCOUNT			

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<b>∀</b>	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ত	Yes	Γ	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	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Yes	্ব	Νo

Schedule F (Form 990) 2012

#### Part V Supplemental Information

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

as applicable. Also cor	inplete this part to provide any add	litional information (see instructions).
Identifier	ReturnReference	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
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
	1	Schedule F (Form 990) 2012

### **Additional Data**

Software ID: Software Version:

**EIN:** 15-0532204

Name: ITHACA COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F Part 1 - Activities Outside The 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		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	1,176,955
EUROPE	1			INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	56,392
CENTRAL AMERICA AND THE CARIBBEAN	0	18	INTERNATIONAL PROGRAMS - STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	38,565

Form 990 Schedule F Part I - Activities Outside The 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)	(d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0		ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	11,293
EAST ASIA AND THE PACIFIC	0		ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	83,725
CENTRAL AMERICA AND THE CARIBBEAN -	0	6	CARIBBEAN	ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND WORK ON RESEARCH PROJECT	8,981

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside T</u>	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
EAST ASIA AND THE PACIFIC -	0		TRAVEL IN EAST ASIA & PACIFIC	ATTEND, SPEAK AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	28,051
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	36	TRAVEL IN EUROPE	ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	98,001
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	2	TRAVEL IN EUROPE	RECRUITMENT OF INTERNATIONAL STUDENTS AND DEVELOPMENT	3,972

Form 990 Schedule F Part I - Activities Outside The 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				
MIDDLE EAST AND NORTH AFRICA -	0	<del>-</del>		ATTEND ACADEMIC CONFERENCE	2,700				
NORTH AMERICA - CANADA AND MEXICO, BUT	0			ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES	44,144				
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	3		SHORT TERM STUDY AND ATTEND CONFERENCES	3,532				

Form 990 Schedule F Part I - Activities Outside The 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				
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0		TRAVEL IN SOUTH AMERICA	MLK SCHOLAR TRIP, ATTEND AND PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	62,045				
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	·	INTERNATIONAL PROGRAMS - SUMMER STUDY ABROAD PROGRAM - COLLEGE STUDENTS	INTERNATIONAL EDUCATIONAL PROGRAM, SHORT- TERM STUDY ABROAD IN MANY ACADEMIC AREAS	53,055				
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	3	TRAVEL IN SOUTH ASIA	STUDENT PROJECT DOCUMENTARY AND ANTHROPOLOGICAL RESEARCH	5,207				

Form 990 Schedule F Part I - Activities Outside The 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				
SUB-SAHARAN AFRICA - ANGOLA,	0	2	TRAVEL IN SUB- SAHARAN AFRICA	ATTEND, PRESENT PAPERS AT ACADEMIC CONFERENCES AND CONDUCT RESEARCH	8,360				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	49	TRAVEL IN EUROPE	PARTICIPATION IN COMPETITIONS AND OTHER ATHLETIC, ARTISTIC, MUSICAL AND ACADEMIC PROGRAMS	95,961				
EAST ASIA AND THE PACIFIC	0	2	TRAVEL IN EAST ASIA	INTERNATIONAL STUDENT RECRUITMENT	55,854				

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DLN: 93493091003104 OMB No 1545-0047

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Open to Public Department of the Treasury Attach to Form 990 Inspection 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 √ Yes 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. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO ATTEND ITHACA COLLEGE	5233	80,653,408			
(2) GRADUATE ASSISTANT SCHOLARSHIP	150	1,244,268			
(3) HIGHER EDUCATION OPPORTUNITY PROGRAM	63	2,180,972			
(4) RESTRICTED SCHOLARSHIPS TO ATTEND ITHACA COLLEGE	777	5,877,530			

#### Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 STUDENTS MUST MEET THE REQUIREMENTS SPECIFIED IN THE SCHOLARSHIP PROGRAM IN ORDER TO RECEIVE THE SCHOLARSHIP THE REQUIREMENTS INCLUDE CRITERIA, SUCH AS 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

DLN: 93493091003104

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization ITHACA COLLEGE

**Employer identification number** 

15-0532204

Pa	Tt I Questions Regarding Compensatio	n					
					Yes	No	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	া	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	ᅜ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors				V		
	uncetors, trustees, and the GEO/Excedite Birecto	i, regare	any the items checked in line 14.	2	Yes		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	·				
	Compensation committee	굣	Written employment contract				
	☐ Independent compensation consultant	ᅜ	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization				
а	a Receive a severance payment or change-of-control payment?						
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c Participate in, or receive payment from, an equity-based compensation arrangement?						Νo	
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only ma						
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any				
а	a The organization?						
b	<b>b</b> Any related organization?						
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		Νo	
8	Were any amounts reported in Form 990, Part VII,	paid or a	occured pursuant to a contract that was				
	subject to the initial contract exception described i	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9			

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

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

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 15-0532204

Name: ITHACA COLLEGE

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

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i) 357,215 (ii) 0	0	17,000 0	110,367 0	58,917 0	543,499 0	0	
	(i) 176,741 (ii) 0	0	19,319 0	16,013 0	28,395 0	240,468 0	0 0	
	(ı) 168,288 (ı) 0	0	0	15,332 0	10,954 0	194,574 0	0 0	
	(i) 207,631 (ii) 0	0	6,250 0	18,099 0	4,722 0	236,702	0	
	(i) 140,615 (ii) 0	0	0	12,804 0	34,423 0	187,842 0	0	
	(i) 186,918 (ii) 0	0	0	17,224 0	13,526 0	217,668 0	0	
	(i) 161,422 ii) 0	0	37,000 0	14,960 0	11,039 0	224,421 0	0 0	
	(ı) 171,150 (ı) 0	0	0	15,261 0	7,288 0	193,699 0	0 0	
	(i) 121,014 (ii) 0	0	51,856 0	11,087 0	11,187 0	195,144 0	0 0	
	(ı) 173,772 (ı) 0	0	0	15,581 0	8,252 0	197,605 0	0 0	
	(ı) 195,099 (ı) 0	0	10,000	17,915 0	13,182 0	236,196 0	0	
	(I) 151,846 (II) 0	0	0	13,693 0	9,872 0	175,411 0	0	

DLN: 93493091003104

Open to Public

**Inspection** 

D

1,895,000

OMB No 1545-0047

(Form 990)

Department of the Treasury

**Bond Issues** 

**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 Part VI.

► Attach to Form 990. ► See separate instructions.

Employer identification number

15-0532204

С

7,750,000

Internal Revenue Service				
Name of the organization				
ITHACA COLLEGE				

Part I

#### (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (e) Issue price ıssuer Yes No Yes No Yes No DORMITORY AUTH OF THE REISSUANCE OF SERIES 2008 STATE OF NEW YORK 14-6000293 649905QU3 09-17-2009 36,903,147 Χ Χ Χ BONDS TOMPKINS CTY INDUSTRIAL CONSTRUCTION AND RENOVATION OF CAMPUS Х Χ Χ **DEV AGENCY** 16-1214039 890099CQ5 11-10-2004 31,100,000 **FACILITIES** TOMPKINS CTY INDUSTRIAL ADVANCED REFUNDING OF Χ 890099CZ5 49,624,325 | SERIES 1997 AND SERIES Х Χ DEV AGENCY 16-1214039 09-29-2005 1998 TOMPKINS CTY INDUSTRIAL REISSUANCE OF SERIES 2007 **DEV AGENCY** 16-1214039 890099DU5 08-20-2009 30,924,994 Χ Χ Χ BONDS

Pa	rt III Proceeds			
		Α	В	
1	A mount of bonds retired	5,645,000	4,500,000	
2	Amount of bonds legally defeased			

3	Total proceeds of issue	36,903,147	32,424,139	52,595,756	30,924,994
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	415,639			415,639
6	Proceeds in refunding escrows				

7	Issuance costs from proceeds	439,564	343,050	497,030	581,24
8	Credit enhancement from proceeds	412,183	412,183	525,210	

	Other epent proceeds			 
10	Capital expenditures from proceeds	31,325,726	31,325,726	
9	Working capital expenditures from proceeds			

14	Were the honds issued as part of a current refunding issue?	V			v		V	V	
		Yes	No	Yes	No	Yes	No	Yes	No
13	Year of substantial completion	20	09	20	07	19	99	20	09
12	O ther unspent proceeds								
11	O ther spent proceeds		36,463,583		343,180		51,573,516	<u> </u>	29,928,107

14	Were the bonds issued as part of a current refunding issue?	X			Х		Х	Х	
15	Were the bonds issued as part of an advance refunding issue?		Х		Х	Х			Х
16	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	

Part III	Private Business Use	
		,

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

Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ Х of bond-financed property? 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 Х property? Are there any research agreements that may result in private business use of bond-Х Χ Х Χ financed property? 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? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0 00000% 0 00000% 0 00000% other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 0 00000% 0 00000% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% 0 00000% 0 00000% 0 00000% Does the bond issue meet the private security or payment test? 7 Х Χ Χ Χ Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Х Exception to rebate? b Х Х Χ Χ No rebate due? Х Х c Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? NΑ UBS AG BANK OF AMERICA Name of provider Term of hedge 30 000000000000 30 000000000000 20 800000000000 C Was the hedge superintegrated? d Χ Χ Χ Х Was a hedge terminated? Χ Χ Χ

Sched	chedule K (Form 990) 2012															
Par	IV Arbitrage (Continued	")				В		С		D						
				Yes	No	Yes	No	Yes	No	Yes	No					
5a	Were gross proceeds invested i contract (GIC)?	n a guaranteed investment			Х		Х		Х		Х					
b	Name of provider		NA			NA		NA		NA						
С	Term of GIC						T		1							
d	Was the regulatory safe harbor to value of the GIC satisfied?	for establishing the fair market			Χ		X		X		Х					
6	Were any gross proceeds investigation	ted beyond an available temporary			Х		X		X		X					
7	Has the organization establishe	d written procedures to monitor		X		Х		X		Х						
Par	tv Procedures To Under	ertake Corrective Action														
				A	N1-	В	I	C	l N-	D	1					
1	Has the organization establishe that violations of federal tax rec and corrected through the volun self-remediation is not available	uirements are timely identified itary closing agreement program if		Yes X	No	Yes X	No	Yes	No	Yes X	No					
Pa			to provide additional information for responses to questions on Schedule K (see instructions).													
FOP*	Identifier  1 990, SCHEDULE K, COLUMN	Return Reference PART IV, LINE 2C	Explanation  THE REBATE COMPUTATION WAS PERFORMED ON NOVEMBER 10, 2009													
В																
С	· · · · · · · · · · · · · · · · · · ·		THE SERIES 1997 BONDS WERE ISSUED ON MARCH 4,1997 AND THE SERIES 1998 BONDS WERE ISSUED ON MAY 7,1998													
FORN C	1990, SCHEDULE K, COLUMN	PART II, LINE II	ON MAY 7, 1998  AMOUNT LISTED INCLUDES \$393,187 7 FOR STATE AND ISSUER ADMINISTRATIVE FEES													
FORN C	1 990, SCHEDULE K, COLUMN							FUND BOND: PECT TO THE		FORE JANUAF	RY 1, 2003,					
FORN C	1990, SCHEDULE K, COLUMN	PART IV, LINE 3	THE ISSUER HAS NOT COMPLETED PART III WITH RESPECT TO THE BONDS  A SWAP WITH DEXIA CREDIT LOCAL WAS NOVATED ON SEPTEMBER 29, 2005 TO BANK OF AMERICA, N													
	1990, SCHEDULE K, COLUMN		THE ORGANIZATION HAD SEMI-ANNUAL REPORTS COMPLETED TO VERIFY THAT THE YIELD ON THE ESCROWED SECURITIES PURCHASED WITH BOND PROCEEDS WAS LESS THAN THE YIELD ON THE BONDS THROUGH THE MATURITY OF THE LAST ESCROWED SECURITY SINCE THE ESCROW YIELD WAS LOWER THAN THE BOND YIELD, NO REBATE HAS BEEN DUE THE LAST YIELD VERIFICATION WAS COMPLETED AS OF JULY 1, 2008													
FORN D	1 990, SCHEDULE K, COLUMN	PART I, LINE D(F)	THE SEF	RIES 200	7 BONDS WE	RE ISSUED O	N APRIL 26, 2	2007								
	1990, SCHEDULE K, COLUMN		PAYMEN OF PRIV OF PRIV III, LINE WITH RE BUSINE	NTS TAKE /ATE BUS /ATE PAY E 6 THE ( ESPECT T	N INTO ACC INESS USE A MENTS FOR ' ORGANIZATI O THE BOND RTED IN PAR	OUNT UNDER ND/OR UNRE THE REPORT: ON HAS NOT OS, AS THE LE	R THE PRIVATELATED TRADING PERIOD OF TRADERIA KERTAKE	141-4(C)(2)(I FE PAYMENT PE OR BUSINE DOES NOT EX N AN ANALYS ATE BUSINES XCESS OF AM	TEST MAY NO SSS USE ACC (CEED THE A SIS OF THE P SS USE AND/(	OT EXCEED TI ORDINGLY, T MOUNT STAT RIVATE SECU OR UNRELATE	HE AMOUNT THE AMOUNT TED IN PART JRITY TEST ED TRADE OR					
FORN A PA	1 990, SCHEDULE K, COLUMN GE 2		PAYMEN OF PRIV OF PRIV III, LINI WITH RE BUSINE	NTS TAKE /ATE BUS /ATE PAY E 6 THE ( ESPECT T	N INTO ACC INESS USE A MENTS FOR ' ORGANIZATI O THE BOND RTED IN PAR	OUNT UNDER ND/OR UNRE THE REPORT: ON HAS NOT OS, AS THE LE	R THE PRIVATELATED TRADING PERIOD OF TRADERIA KEIVEL OF PRIV	141-4(C)(2)(I TE PAYMENT DE OR BUSINE DOES NOT EX N AN ANALY: ATE BUSINE: XCESS OF AM	TEST MAY NO SSS USE ACC (CEED THE A SIS OF THE P SS USE AND/(	OT EXCEED TI ORDINGLY, T MOUNT STAT RIVATE SECU OR UNRELATE	HE AMOUNT HE AMOUNT ED IN PART JRITY TEST ED TRADE OR					
FORN A PA		PART IV, LINE 2C	THE REE	BATE COI	MPUTATION	WAS PERFOR	MED ON APR	IL 7, 2013								
	1 990, SCHEDULE K, COLUMN	PART I, LINE A(F)	THE PRI	IOR SERII	ES 2008 BON	DS WERE ISS	SUED ON MAY	29,2008								
	1 990, SCHEDULE K, COLUMN	PART II, QUESTION 11	A M O U N	T LISTED	INCLUDES \$	20,000 00 F	OR STATE AN	D ISSUER AD	MINISTRATI	VE FEES						
FORN A	1 990, SCHEDULE K, COLUMN		PAYMEN OF PRIV OF PRIV III, LINI WITH RE BUSINE	NTS TAKE /ATE BUS /ATE PAY E 6 THE ( ESPECT T	N INTO ACC INESS USE A MENTS FOR <sup>*</sup> ORGANIZATI O THE BOND RTED IN PAR	OUNT UNDER ND/OR UNRE THE REPORT: ON HAS NOT OS, AS THE LE	R THE PRIVATELATED TRADING PERIOD OF TRADES OF THE PRIVERS OF PRIVERS OF THE PRIVATE OF THE PRIV	141-4(C)(2)(I FE PAYMENT SE OR USINES DOES NOT EX N AN ANALYS ATE BUSINES XCESS OF AM	TEST MAY NO SS USE ACCO (CEED THE A SIS OF THE P SS USE AND/(	OT EXCEED TI RDINGLY, TH MOUNT STAT RIVATE SECU OR UNRELATE	HE AMOUNT HE AMOUNT ED IN PART JRITY TEST ED TRADE OR					
FORN A	1 990, SCHEDULE K, COLUMN	PART III, LINE 9	THE OR	GANIZAT ARE REM	ION IMPLEM EDIATED IN	ACCORDANC	E WITH REGI	N PROCEDURE JLATIONS SE G PERIOD API	CTIONS 1 14	1-12 AND 1						
FORN A	1 990, SCHEDULE K, COLUMN	PART IV, LINE 7	THEOR	GANIZAT	ION IMPLEM	ENTED REVI	SED WRITTEN	PROCEDURE FTHE REPOR	ES TO MONIT	OR THE REQ						
FORN A	1 990, SCHEDULE K, COLUMN	PART V	THEOR					N PROCEDURE PORTING PE								
	1 990, SCHEDULE K, COLUMN	PART III, LINE 7	AS PROY PAYMEN OF PRIV OF PRIV III, LINI WITH RE BUSINE	VIDED IN NTS TAKE /ATE BUS /ATE PAY E 6 THE ( ESPECT T	TREASURY F N INTO ACC INESS USE A MENTS FOR T DRGANIZATI O THE BOND RTED IN PAR	REGULATION OUNT UNDER ND/OR UNRE THE REPORT: ON HAS NOT IS, AS THE LE	SECTION 1 R THE PRIVATELATED TRADING PERIOD UNDERTAKE	141-4(C)(2)(I TE PAYMENT DE OR BUSINE DOES NOT EX N AN ANALY:	)(B), THE AMO TEST MAY NO SS USE ACC (CEED THE A SIS OF THE P SS USE AND/O	OUNT OF PRI OT EXCEED TI ORDINGLY, T MOUNT STAT RIVATE SECU OR UNRELATE	VATE HE AMOUNT HE AMOUNT ED IN PART JRITY TEST ED TRADE OR					
									Cobodi	ıle K (Form 990						

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DLN: 93493091003104 OMB No 1545-0047

2012

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## **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 Part VI.

Department of the Treasury

(Form 990)

► Attach to Form 990. ► See separate instructions.

	rnal Revenue Service												Inspec		
	e of the organization ACA COLLEGE							<del></del>		Emp	loyer id	entifica	ation num	ber	
I I Fi.	ACA COLLEGE									15-	05322	04			1
Pā	art I Bond Issues									•					
			1	1									) O n	(i)	Pool
l	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	<b>)</b> Descriptio	n of purpose	( <b>g)</b> De	feased		alf of suer		ncing
l		, j	1							Yes	No	Yes	No	Yes	No
ı —	TOMPKINS CTY	<b>†</b>		†				JISITION,					1		,
Α	DEVELOPMENT	27-2290745	890096AT7	04-07-2011	25,86			STRUCTION	N AND T OF DORM		Х		x		Х
	CORPORATION	, j	1	'		IK			TY CENTER						, 1
Pa	rt III Proceeds		-		<u> </u>			<u> </u>							
_					A	<b>.</b>		В			С			D	
1	A mount of bonds retired					455,0	000								
2	Amount of bonds legally defeas	sed													
3	Total proceeds of issue				;	25,871,0	26								
4	Gross proceeds in reserve fund	ds												-	
5	Capitalized interest from proce	eds.													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds					419,6	63								
8	Credit enhancement from proce	eeds				257,6	557								
9	Working capital expenditures fr	rom proceeds													
10	Capital expenditures from proc	eeds				24,993,5	84								
11	Other spent proceeds					201,1	23								
12	Other unspent proceeds														
13	Year of substantial completion	1			20	1 2									
					Yes	No		Yes	No	Yes	N	lo	Yes	$\perp$	No
14	Were the bonds issued as part	of a current refundir	ng issue?			Х								$\perp$	
15	Were the bonds issued as part	of an advance refur	ıdıng ıssue?			Х									
16	Has the final allocation of proce	eeds been made?				Х									
17	Does the organization maintain	n adequate books ar	nd records to suppr	ort the final	Х										
Pa	allocation of proceeds?  rt III Private Business Us														
	TITTE DECINE				A	<b>A</b>		В			С			D	
					Yes	No		Yes	No	Yes	N	lo	Yes	$\Box$	No
1	Was the organization a partner		a member of an Ll	_C, which owned		×									

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

property financed by tax-exempt bonds?

financed property?

Χ

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									•
				A		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			×						
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?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		×						
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 be other than a section $501(c)(3)$ organization or a state or local government			0 00000%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government			0 00000%		%		%		%
6	Total of lines 4 and 5			0 00000%		%		%		%
7	Does the bond issue meet the private security or payment test?			×						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bounssued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non bonds of the issue are remediated in accordance with the requirements undependent of the requirements and 1 145-2?		Х							
Par	t IV Arbitrage									
	Albidage	Α			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?			•	<b>.</b>	<b>I</b> .		<u> </u>		
а	Rebate not due yet?		X							
b	Exception to rebate?		Х							
С	No rebate due?	×								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed					•	·		Į.	
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	NA								
С	Term of hedge									
d	Was the hedge superintegrated?		Х							
е	Was a hedge terminated?		Х							
		1								

Part IV Arbitrage (Continued)

**Identifier** 

Return Reference

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
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?		х						
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?	×							
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х							
D:	art VI Supplemental Information. Complete this part to p	rovide addition	al informati	on for resnor	nses to quest	tions on Sche	dule K (see	instructions)	1
	Supplemental 2.11.5. Indition. Complete this part to	or ac addition	iai iiii oi iiiati	on for respon	ises to quest	CIONIS ON SCHO	Jaare IV (Jee	mod actions	

Schedule K (Form 990) 2012

**Explanation** 

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As Filed Data -

DLN: 93493091003104

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

### **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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	emal Revenue Service											In	specti	ion
Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  (c) Description of transaction  (d) Correcte Yes No  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part IV, line 36a, or Form 990, Part IV, line 26, or if or from the person of loan or from the principal organization or from the person organization or from the organization?  To From Ves No Yes No Yes No Yes No Yes No Incomplete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested (b) Relationship between organization on Form 990, Part IV, line 27.  (b) Purpose of assistance (c) Purpose of assistance (d) Type of assistance (e) Purpose of assistance person and the interested pers		nızatıon							Em	ploye	r identi	fication	numbe	r
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization person and organization (c) Description of transaction (d) Correct Yes No Yes No Yes No Yes No Yes No Part IV, line 26, or If the organization person of interested persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or If the organization answered "Yes" on Form 990 Part IV, line 38a, or Form 990, Part IV, line 26, or If the organization answered "Yes" on Form 990 Part IV, line 38a, or Form 990, Part IV, line 26, or If the organization answered "Yes" on Form 990 Part IV, line 38a, or Form 990 Part IV, line 26, or If the organization answered "Yes" on Form 990 Part IV, line 38a, or Form 990 Part IV, line 26, or If the organization answered "Yes" on Form 990 Part IV, line 38a, or Form 990 Part IV, line 26, or If the organization answered "Yes" on Form 990 Part IV, line 38a, or Form 990 Part IV, line 26, or If the organization answered "Yes" on Form 990, Part IV, line 38a, or Form 990 Part IV, line 26, or If the organization or Form 990, Part IV, line 38a, or Form 990, Part IV, line 26, or If the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the									15	-0532	2204			
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	Part I Exces	ss Benef	it Tran	sactions (	section	501(c)(3) a	nd section 5	501(c)(4) or	ganıza	tions	only).	•		
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  4958 .														
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	<b>1</b> (a) Name	of disqual	ıfıed pers					(c) Descri	ptıon o	ftrans	saction		(d) Corr	ected?
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					person ar	nd organizati	on						Yes	No
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
## Senter the amount of tax, if any, on line 2, above, reimbursed by the organization												-		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	2 Enter the an	nount of ta	x incurre	ed by organiza	ation man	agers or disc	qualified perso	ons during the	yearı	ınders	section			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person    (a) Name of interested person   (b) Relationship (c) Purpose of loan   (e) Original amount   (f) Balance   (g) In   (h)   (i) Written   (h)   (											<b>&gt;</b> \$			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of interested person  (b) Relationship (c) Purpose of loan or from the organization?  (d) Loan to or from the organization?  (e) Original principal amount  (f) Balance default?  Approved by board or committee?  Yes No Yes N	3 Enter the ar	nount of ta	x, ıf any,	on line 2, ab	ove, reim	bursed by th	e organizatior	1			<b>F</b> \$			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5,6, or 22  (a) Name of (b) Relationship (c) Purpose of loan or from the organization?  To From														
(a) Name of interested person    (b) Relationship person    (c) Purpose of Ioan    (d) Loan to or from the organization?    (e) Original person    (f) Balance due default?    (g) In default?    (h) Approved by board or committee?    (i) Written agreement by board or committee?    (ii) Written agreement by board or committee?    (iv) From														
(a) Name of Interested person  (b) Relationship with organization of loan person  (c) Purpose of loan or from the organization?  To From  (e) Original principal amount  (f) Balance due default?  (g) In default?  Approved by board or committee?  Yes No Ye								ine 38a, or Fo	rm 99	0, Par	t IV, lin	ie 26, o	rifthe	
Interested person with organization of loan or from the organization? Principal amount organization? Yes No								(f)Balance	(a)	In		.,	(i)\/r	itten
organization? amount by board or committee?  To From Yes No Yes N	` '											-		
To From Yes No Y													~	
otal  Sart III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person and the interested person and the person interested person and the person interested person and the inte											commi	ıttee?		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).					То	From			Yes	No	Yes	No	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person (c) Amount of assistance person (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 27).													_	
Grants or Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) of assista													_	
Grants or Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) Purpose of assi													_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the complete interested persons.  (a) Name of interested person and the complete interested persons.  (b) Relationship between interested person and the complete interested person and t													_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the complete interested persons.													_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the person   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) Purpose of assis											<u> </u>		_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (b) Relationship between person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (c) A mount of assistance person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.	otal				<b>▶</b> \$									
(a) Name of interested person interested person and the (b) Relationship between interested person and the (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance														
person Interested person and the	Com	plete ıf tl	he orga	nızatıon ans				t IV, line 27						
		erested				( <b>c)</b> A mount o	fassistance	(d) Type o	fassıs	tance	(e)	Purpos	e of ass	ıstanc
Organization	person				nd the									
			<del> </del>	organization	<del></del>									
			-											
								-						
			<del>                                     </del>					_						
								-						

Part IV Business Transactions I	nvolving Interested	d Persons.				
Complete if the organizatio	n answered "Yes" on I	Form 990, Part IV, lin	e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) BRIAN SGRECCI	SON OF FORMER VP FINANCE	ĺ	BID AND RECEIVED A CONTRACT TO PROVIDE LANDSCAPING SERVICES AT ITHACA COLLEGE		No	

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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**Noncash Contributions** 

DLN: 93493091003104 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Open to Public Inspection **Employer identification number** 

Name of the organization ITHACA COLLEGE 15-0532204

		(a) Check If	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d) Method of determining noncash contribution amounts			
		applicable		Form 990, Part VIII, line 1g				
	Art—Works of art							
	Art—Historical treasures . Art—Fractional interests							
	Books and publications							
5	Clothing and household goods	x		4	DE MINIMUS VALUE			
	Cars and other vehicles							
	Boats and planes Intellectual property							
9	Securities—Publicly traded .	Х	21	1,276,734	STOCK MARKET VALUE			
	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous Qualified conservation							
	contribution—Historic							
14	structures Qualified conservation							
15	contribution—Other Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens							
	Archeological artifacts							
25	MUSICAL Other►( <u>INSTRUMENTS</u> )	x	2	1	DE MINIMUS VALUE			
	Other►( <u>TELEVISION</u> )	Х	1		DE MINIMUS VALUE			
	BOOKS, PLAYS,							
27	Other►( <u>SCRIPTS</u> )	X	2	1	DE MINIMUS VALUE			
28	CDS AND Other ► ( DVDS )	Х	2	2	DE MINIMUS VALUE			
	PAYMENT FOR							
	ATHLETIC/OTHER			4.570	CACHAVALUE			
	Other►(EVENTS ) ATHLETIC	X	3	4,570	CASH VALUE			
	Other► (EQUIPMENT)	X	1	1,898	DE MINIMUS VALUE			
	MUSIC & Other►(PHOTOS)	Х	1	1	CASH VALUE			
	Other► ( <u>CARPET</u> )	X	1	6,090	CASH VALUE			
	RAZOR SAIL Other►( <u>BANNER KIT</u> )	Х	1	315	CASH VALUE			
	COMPUTER SOFTWARE							
	SUBSC, SOFTWARE							
	Other ► (SUPPORT)	Х	1	355,184	CASH VALUE			
	FOX PRODUCTION							
	Other►( <u>FILMS</u> )	X	2	82,988	CASH VALUE			
	TRAVEL - ROUND							
	TRIP - Other ► ( <u>SHANGHAI</u> )	×	1	5,596	CASH VALUE			
	ELECTRIC			,				
	HOSPITAL Other►( <u>BED</u> )	Х	1	2	DE MINIMUS VALUE			
	ANATOMICAL MODELS-							
	TEACHING				DE MINIMUS VALUE			
	Other ► ( <u>&amp; RESRCH</u> ) ART	X	1	1	DE MINIMOS VALUE			
	SUPPLIES, WARDROBE,							
	CONSTR	X			DE MINIMUS VALUE			
	Other►( <u>MAT</u> ) MUSICAL		1	1	DE MINIMOS VALUE			
	INSTRUMENT Other►(-PIANO)	×	1	25.000	APPRAISED VALUE			
	DECORATIVE							
29	O ther ► ( <u>ARTWORK</u> ) Number of Forms 8283 received	by the orga	1 Inization during the tax vea	1 DE MINIMUS VALUE				
	for which the organization comple			29 0				
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	Yes No			
<b></b> .	must hold for at least three year							
	for exempt purposes for the enti				30a No			
	If "Yes," describe the arrangement							
31 222	Does the organization have a gif							
∍∠ā	Does the organization hire or us contributions?	e mira parti	ies or related organizations		noncash •••• 32a No			
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (	a) is checked,			

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	,	THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF ITEMS DONATED BY EACH CONTRIBUTOR SPOUSES WHO CONTRIBUTE PROPERTY JOINTLY ARE COUNTED AS ONE CONTRIBUTOR

Schedule M (Form 990) (2012)

#### DLN: 93493091003104

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES AND SENIOR MANAGEMENT COMPLETE ANNUAL CONFLICT OF INTEREST FORMS THE FORMS A RE SUBMITTED TO THE SECRETARY OF THE BOARD AND ALL DISCLOSED CONFLICTS ARE FORWARDED TO TH E 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 DAT A TO BE USED IN ESTABLISHING PRESIDENTIAL COMPENSATION THIS DATA IS GATHERED USING THE AS SISTANCE OF NON-INTERESTED PARTIES INCLUDING EXTERNAL CONSULTANTS AND THE COLLEGE'S OFFICE OF HUMAN RESOURCES THE SUB-COMMITTEE ON COMPENSATION MAKES A RECOMMENDATION TO THE EXECU TIVE 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 ANNUA LLY 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 9	CHANGE IN VALUE OF INT RATE SWAP AGREEMENTS 5,516,860 POSTRETIREMENT BENEFITS EXPENSE OTH ER THAN NET PERIODIC COST -685,926 ADJUSTMENT OF CONDITIONAL ASSET RETIREMENT OBLIGATION 558,522
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
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.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493091003104 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return ITHACA COLLEGE 15-0532204 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 0 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

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. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support	the business/inve	stment ι	ıse claıme	d? <b>┌</b> Yes	Гпо		24	<b>lb</b> If "Y	es," is	the ev	idence	written?	,	s L	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(e) Basis for depreciation (business/investment use only)			<b>(f)</b> Recovery period	ery Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost			
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•	•								25						
<b>26</b> Property used more	e than 50% I	in a qualified bi	usiness	use	T			Ι			1					
		%									+			+		
		%														
<b>27</b> Property used 50%	orless in a		ness us	е					lo /i		_					
		%							S/L - S/L -		+			$\dashv$		
		%							S/L -		+			┪		
28 Add amounts in co	olumn (h), lır	nes 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhei	e and o	n line 7,	page 1				<del></del>				29			
	( ),				mation	on U	se d	of Veh	icles				<u>'</u>			
omplete this section	for vehicles	used by a sole	propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer the	e questio		_			n except		mpletir T						
<b>30</b> Total business/inv			ng the		<b>a)</b> icle 1		<b>b)</b> cle 2	Ve	<b>(c)</b> shicle 3	3   1	<b>(c</b> Vehic	-		<b>e)</b> icle 5	<b>(f)</b> 5   Vehicle 6	
year ( <b>do not</b> inclu	de commutir	ng miles) .	•	- '	1010 1	1	Vehicle 2				• • • • • • • • • • • • • • • • • • • •		1		, veilicle 6	
<b>31</b> Total commuting i	miles driven	during the yea	r .													
<b>32</b> Total other persor	nal(noncomm	nutina) miles di	riven										+			
33 Total miles driven	•							-		-+			+			
through 32	· · ·	· · ·														
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	0 1	es/	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u	sed primarily	y by a more tha	n 5%													
owner or related p	erson? .													↓		
<b>36</b> Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														<b>not</b> mo	re tha
37 Do you maintain a employees?			nat prof	nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.			• • •			• •	•		• •			•				
<b>38</b> Do you maintain a employees? See the												your •				
<b>39</b> Do you treat all us	e of vehicles	s by employees	s as per	rsonal us	se?											
<b>40</b> Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
<b>41</b> Do you meet the r	eauirements	concernina au	alıfıed a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions	) .					
Note: If your answ	-							=			-					
	rtization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15 1 6.	, do 110	e compre			7 101 1110			110100					
Allio	T CIZACIOII	(b)	T		_	Т			Т	(e)						
(a) Date			<b>(c)</b> A mortizable				<b>(d)</b> Code	A mortiz				Λmo	(f)	on for		
Description of c	osts						ection   perio		period				A mortization this yea			
40.4		begins	2015		,	<u>_</u>			Įρε	ercent	aye					
<b>42</b> A mortization of co	sts that beg	ins auring you	7 2012	tax year	(see ins	truction	1S)				-					
			-													
										<u> </u>						
<b>43</b> A mortization of co	_	•		•			•			·  _	43					
44 Total. Add amount	ts ın column	(f) See the ins	tructio	ns for wh	nere to re	port				.	44					