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DLN: 93493048014874

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

2012

Open to Public Inspection

A Fo	r the	2012 ca		g 07-01-2012 ,2012, and endin	g 06-30-2	2013					
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization CORNELL COLLEGE				D Emplo	yer ide	ntification number		
☐ Ad	dress cl	hange	Doing Business As			_	42-0680335				
∏ Na	me cha	inge	Doing business As								
Inr	tıal retu	ım		naıl ıs not delivered to street address) R	oom/suite		E Telepho	one num	ber		
Гте	rmınate	ed	600 FIRST STREET SW					895-4			
☐ Am	ended	return	City or town, state or country, and	ZIP + 4			(319)	093-4	.303		
Гар	plication	n pendıng	MOUNT VERNON, IA 52314				<b>G</b> Gross r	eceipts	\$ 88,072,816		
			F Name and address of pri	ncıpal officer	1	<b>H(a)</b> Is this	a group	return			
			JONATHAN BRAND 600 FIRST STREET SW			affiliat	es?		┌ Yes 🗸 No		
			MOUNT VERNON, IA 523	L 4		H(b) Are al	l affiliate	s ınclu	ded?		
			 			If "No	," attach	a lıst	(see instructions)		
		npt statu:		insert no ) 4947(a)(1) or 527		H(c) Group	exempt	ion nur	mber <b>►</b>		
J W	ebsite	e: <b>⊫</b> W	WW CORNELLCOLLEGE EDU			(-)					
<b>K</b> For	m of or	ganızatıo	n 🔽 Corporation 🦳 Trust 🦳 Association	on		<b>L</b> Year of for	nation 18	54 <b>M</b>	State of legal domicile IA		
Pa	rt I	Sun	nmary								
			describe the organization's missi			A GE 50 B A		45.05	LEADNING		
a)	'	DEVEL	OP THE INTELLECTUAL CURIC	SITY, CREATIVITY AND MORA	AL COUR	AGE FOR A	LIFEII	MEOF	LEARNING		
Governance											
							-0/ 5 !				
8	2	Check	this box 🔰 if the organization di	scontinued its operations or disp	osed of n	nore than 25	% of its	net as	sets		
	3	Numbe	r of voting members of the goverr	ung body (Part VI, line 1a)				з	26		
Activities &	4	Numbe	r of independent voting members			4	26				
퇃	5	Total n	umber of individuals employed in			5	1,356				
रू र	6	Total n	umber of volunteers (estimate if r	necessary)				6	26		
				art VIII, column (C), line 12 .				7a	26,080		
	Ь	Net unr	elated business taxable income t	rom Form 990-T, line 34	• •			7b	0		
		C t		4 1. 3	-	Prior	Year	25.6	Current Year		
ā	8		- · · · · · · · · · · · · · · · · · · ·	ne 1 h)			8,839,3 46,949,		7,478,201 49,234,672		
Rayenue	10	_	, ,	n (A), lines 3, 4, and 7d)			2,517,9		4,053,739		
å	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						32,		642,089		
	12			(must equal Part VIII, column (							
	12			IX, column (A ), lines 1–3 )			58,339,		61,408,701		
	13 14		, ,	(X, column (A), line (A)			22,458,	0	24,020,282		
	15			ee benefits (Part IX, column (A),	F						
8		5-10					18,095,	425	18,181,844		
Expenses	16a	Profe	ssional fundraising fees (Part IX			0	0				
ਲੂ	Ь		undraising expenses (Part IX, column (D	·							
	17			lines 11a-11d, 11f-24e)	F		17,362,		16,123,055		
	18			st equal Part IX, column (A), line	·		57,915,0		58,325,181		
- eg	19	Reve	nue less expenses Subtract line	18 from line 12		Beginning	of Curre		3,083,520		
Not Assets or Fund Balances							ear		End of Year		
ese Bak	20	Total	assets (Part X, line 16)		[		49,319,		153,284,211		
A Para	21		liabilities (Part X, line 26) .				26,673,		25,428,952		
	22	_	ssets or fund balances Subtract	line 21 from line 20		1	22,645,	791	127,855,259		
	rt II	_	nature Block								
my k	nowle	dge and		amined this return, including acco nplete Declaration of preparer (o							
		***	***			201	.4-02-14				
Sigr		Sigi	nature of officer	e							
Her	е		Y LANGSETH TREASURER & VP OF BUSINESS pe or print name and title								
		<b>     </b>	Print/Type preparer's name	Preparer's signature	Date	1 6	, F .	PTIN			
Paid	d		XIAOYAN LUO			self-e	k if employed	P01305			
	u pare		Firm's name	I LLP		Firm'	s EIN 🟲 4	1-07467	49		
	On		Firm's address ► 600 3RD AVE SE STE 3	00		Phon	e no (319	) 363-20	697		
	. 011	٠,٠	CEDAR RAPIDS, IA 52	401							

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Par	t III	Statement of	Program Ser	rvice Accomp	lishments				1 4	ge <b>z</b>
I e I		Check if Schedule	_			Part III				<u>.</u>  ✓
1	Brief	ly describe the org	anızatıon's mıssı	ion						
COL	LABOF		ENTS TO DEVEL	OP THE INTELL	ECTUAL CUR		Y WHERE FACULT ATIVITY AND MOF			RY
2		ne organization und rior Form 990 or 99							└ Yes 🗸 No	
	If "Ye	s," describe these	new services on	Schedule O						
3		ne organization cea		or make significan		ow it conducts	, any program		┌ Yes ┌ No	
	If "Ye	s," describe these	changes on Sch	edule O						
4	exper		(c)(3) and 501(c)	)(4) organizations	are required t	o report the a	gest program servion mount of grants and			
4a	(Cod	e	) (Expenses \$	38,308,566	ıncludıng grants	of \$ 2	4,020,282 ) (Revenue :	\$ 4	10,268,303 )	
	LAYS AMBI THE S CLASS FREE VENU HAND CONS DEGR 2011	THE FOUNDATION FOR TIOUS STUDENTS WIT SEMESTER SYSTEM, CO SES AT THE HEART OF S STUDENTS TO EXPLOIES BEST SUIT THE SUS-ON OPPORTUNITIES DISTENTLY DESCRIBED KEES IN FOUR YEARS OHAS BEEN 100% OUR	A A STUDENT'S ENTIFIED OF CONTROLL OFFERS AN ENTIFIED OF A CONNELL COLLEGIVE OF THE CLASS OF THE	RE CORNELL EDUCAT LUM, STUDENTS DIVE EDUCATION AT THE S EE EDUCATION ARE FI EARN - FACULTY CAN CORNELL'S DISTING TANTIAL REAL-WORLE OST RECENTLY IN THE OST RECENTLY IN THE OF CORNELL GRADUAT NCE RATE IS 70%, CO S," BASED ON THE LO	ION TRANSFORM IN, FOCUS INTEN PEED OF LIFE WIT REQUENT OPPORT I TAKE ENTIRE CL CTIVE CALENDAR 1 D EXPERIENCES S' IE 2014 FISKE GU TES COMPLETE AN DMPARED TO THE REN POPE BOOK I	ATIVE INTELLECT SELY, AND LEARN IN NO SLOW INTE UNITIES FOR EXI ASSES ON FIELD MMERSES STUDE TUDENT AID AND IDE NINETY-THR ADVANCED DEGINATIONAL AVERK NOW IN ITS FOUF	ECOURSE AT A TIME CUUAL PARTNERSHIPS THAT I AUTHENTICALLY IN EVOS, FAR OFF EXAMS OF PERIENTIAL LEARNING TO THE TOP TO THE TO THE TOP	AT BRING OUT ERY COURSE & PAPERS, OR THE ONE COU N ENTIRE BLO ERNSHIPS, RE ESISTANCE CO ELL GRADUATE CHOOL ACCEP HAS SINCE 19	THE BEST IN OUR THEY TAKE UNLIKI GAPS BETWEEN URSE CURRICULUM CK - IN WHATEVER SEARCH, OR OTHEI DRNELL IS ES COMPLETE THEIR TANCE RATE SINCE 196 BEEN KNOWN A	E R R
4b	(Code	<u> </u>	) (Expenses \$	7,485,717	ıncludıng grants	of \$	0 ) (Revenue :		308,268)	
40	STUD SERV LIFE, SOCI COUN	DENT SERVICES AND AD TICES CORNELL ATTRAC LIVING IN A COMMON ALLY, CULTURALLY, ANI NTRIES, AND A TYPICAL	DMISSIONS, REGISTR CTS AN ENGAGED ST RHYTHM DUE TO TH D POLITICALLY ENGA L FIRST-YEAR CLASS	RAR, HEALTH CENTER UDENT BODY FROM A HEIR FOCUSED ACADI AGED CAMPUS CORN INCLUDES MORE TH	, COUNSELING, F ACROSS THE NATI EMIC CALENDAR S ELL STUDENTS CO AN 20% DOMESTI	NANCIAL AID, ST ON AND AROUND CHEDULES THAT ME FROM 47 STA C STUDENTS OF	UDENT AFFAIRS, ATHLE THE WORLD THEY BEC BRINGS THEM CLOSER THES, TWO U S TERRIT COLOR AND 5% INTERI PEAKERS, ARTISTS AND	TICS AND CAI COME QUICKL TOGETHER AS ORIES, AND 1 NATIONAL STU	MPUS MINISTER Y INVOLVED IN CAM 5 A COMMUNITY ON 7 FOREIGN JUDENTS THE CAMPI	I A
<b>4</b> c	OFFE NUM	LIARY ENTERPRISES (H RS A CLASSIC, BEAUTI EROUS BUILDINGS ON	FUL AND SAFE COLLE THE NATIONAL REGIS	EGIATE SETTING A BI STER OF HISTORIC P	RICK PEDESTRIAÑ LACES MOUNT VE	CORNELL'S SET MALL ALONG TH RNON, NOTED A	0) (Revenue : FING ON A WOODED HIL E RIDGE OF THE HILLTO S ONE OF THE TEN COO THE EASTERN IOWA CR	LTOP IN MOU IP LINKS MOD LEST SMALL T	ERN FACILITIES WI	πн
	(Code OTHE		) (Expenses \$ ES INCLUDE THE OFF	685,524 FICE OF COLLEGE CO	including grants MMUNICATIONS, ،	•	0 ) (Revenue : IS AND GENERAL INSTIT		0) ENSES	
4d		er program service penses \$		chedule O ) including grants o		) (	Revenue \$		)	
4e	Tota	ıl program service e	expenses 🟲	53,250,276						

Part IV Checklist of Required Schedule
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			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		No
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		Νo
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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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		Νo
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	Yes	
e	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	Yes	
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
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? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   100		103	110
	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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
_	1. 165, to fine 54 of 55, and the organization me form 0000-17	5c		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
b	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	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		
LO	Section 501(c)(7) organizations. Enter	36		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
l2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	]		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
С	Enter the amount of reserves on hand	Į į		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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. 

56	ection A. Governing Body and Management		V	Al.
1a	Enter the number of voting members of the governing body at the end of the tax		Yes	No
	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	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
Se 17	List the States with which a copy of this Form 990 is required to be filed▶IL			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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 >LOIS MULBROOK 600 FIRST STREET SW MOUNT VERNON, IA (319)895-4245

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									
(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)		( <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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			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)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable compensation from the organization (W-2/1099-MISC)  (E) Reportable compensation (worganization (W-2/1099-MISC))								,_	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)  Inclinding tor director  Officer  Officer  Institutional Trustee  Officer  Institutional Trustee												relate organiza	ed
							<u>~</u>					+		
												+		
												+		
												$\perp$		
												-		
1b	Sub-Total			•	•			•				$\perp$		
C	Total from continuation sheet	•			•	•	•	•		1,171,261		0		121,357
d	Total (add lines 1b and 1c) .							- \	<u> </u>			٠		121,337
2	Total number of individuals (in \$100,000 of reportable compe						u abov	e) w	no receive	ed more th	an			
													1	
3	Did the organization list any <b>fo</b>	ar officer du	actor o	r truc	+	kov	ample		or bighos	taamnan	catad amplayes		Yes	No
3	on line 1a? If "Yes," complete S					· ·	• •	·yee,	, or mignes	· •	sated employee	3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual		•		•	•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											tax year	
(A) (B)										(C	)			
Name and business address  MCCOMAS-LACINA 1310 HIGHLAND COURT IOWA CITY IA 52240  MCCOMAS-LACINA 1310 HIGHLAND COURT IOWA CITY IA 52240  MCCOMAS-LACINA 1310 HIGHLAND COURT IOWA CITY IA 52240									Comper 6	,456,827				
BON A	BON APPETIT 100 HAMILTON AVENUE SUITE 400 PALO ALTO CA 94301 CAMPUS FOOD SERVICE									2,755,414				
	PIPE PRO INC 6633 EIGHTH STREET SW CEDAR RAPIDS IA 52404 HEATING, COOLING, & PLUMBING									971,249				
	(O 10 EARHART DRIVE BUFFALO NY 14 RCHITECTS INC 200 FIFTH AVENUE SI		RAPIDS	IA 524	01					ARCHITECT	EANING SERVICE	$\dashv$		773,078
	Total number of independent coi					ed to	those	e list	ed above)					-,

\$100,000 of compensation from the organization 10

			ule O contains a respoi		<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
s B	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>					
֓֞֞֞֞֞֞֞֞֓֓֓֞֞֞֞֞֓֓֓֓֞֞֞֞֓֓֓֓֓֓֡֓֡֡֓֓֡֡֓֞֡֓֓֡֓֡֓֡֓֡֡֡֓֡֓֡֓֡֓֡֓	С	Fundraising eve	ents <b>1c</b>					
ar¢.	d	Related organiz	zations 1d					
ງ <u>∺</u>	e	Government grant	s (contributions) <b>1e</b>	697,856				
Sis	f	All other contribution	ons, gifts, grants, and <b>1f</b>	6,780,345				
声	•	sımılar amounts no	ot included above		ļ			
<u></u>	g	Noncash contributi 1a-1f \$	ons included in lines	394,880				
and	h	Total. Add lines	s 1 a - 1 f	🕨	7,478,201			
				Business Code				
Program Serwce Revenue	2a	TUITION AND FEES	S	611710	39,762,323	39,762,323		
28 18	ь	DINING		611710	4,526,246	4,526,246		
93	С	RESIDENCE		611710	4,077,117	4,077,117		
Yer	d	EDUCATIONAL TRI	PS	611710	505,980	505,980		
<u>ء</u>	e	ALL OTHER PROGR	RAM REVENUE	611710	308,268	308,268		
25	f	All other progra	am service revenue		54,738	54,738		
ČΙ	g	Total. Add lines	s 2a-2f		49,234,672			
	3		ome (including dividen		348,488			348,488
	4		ar amounts) stment of tax-exempt bond	F				
	5			▶				
			(ı) Real	(11) Personal				
	6a	Gross rents	192,762					
	Ь	Less rental expenses	63,086					
	С	Rental income or (loss)	129,676					
	d	, ,	me or (loss)		129,676			129,676
		_	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	30,302,032	4,248				
	ь	Less cost or other basis and	26,601,029	0				
	c	sales expenses Gain or (loss)	3,701,003	4,248				
	d	Net gain or (los		·	3,705,251			3,705,251
Other Revenue	8a	events (not inc \$	s reported on line 1c)					
<u> </u>	ь	Less directles	penses b					
5	С		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	• •					
	b	Less cost of a	oods sold <b>b</b>					
	С		(loss) from sales of inv	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	BRKT HSE GUE	EST FACILITY	721000	29,126			29,126
	b	K-1 PARTNERS	SHIP INCOME	525990	26,080		26,080	
	С	HLTP FITNESS		713940	2,700			2,700
	d	All other reven	l		454,507			454,507
	е	Total. Add lines	s 11a-11d	•	512,413			
	12	Total revenue.	See Instructions .	🕨	61,408,701	49,234,672	26,080	4,669,748

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 24,020,282 24,020,282 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 462,915 462,915 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 14,437,519 12,249,449 1,160,059 1,028,011 Pension plan accruals and contributions (include section 401(k) 703,754 605,004 55,015 and 403(b) employer contributions) . . . . 43,735 1,282,554 160,273 Other employee benefits . . . . 1,535,542 92,715 10 1,042,114 864,955 114,633 62,526 11 Fees for services (non-employees) 104,060 43,000 58,560 Management . . . . 2,500 50,763 50,763 Legal . . . . . . . . 75,036 75,036 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 195,905 195,905 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 242,466 224,555 13,931 3,980 Schedule O) . . . . . . . Advertising and promotion . . 214,109 202,318 6,997 12 4,794 13 Office expenses . . . . . 1,195,714 801,053 217,725 176,936 353,166 282,532 14 Information technology . . . 706,331 70,633 15 Royalties . 2,805,812 53,777 16 Occupancy . . . . . . 2,587,804 164,231 **17** 1,756,869 1,620,850 65,531 70,488 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 86,357 24,115 34,306 27,936 20 457,818 416,614 32,047 9,157 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 3,334,843 78,987 3,212,228 43,628 23 402,595 365,254 37,341 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) 2,888,692 DINING 2,888,692 LIBRARY & AUDIO VISUAL 743,966 677,009 52,078 14,879 b C d All other expenses 861,719 е 811,374 43,658 6,687 Total functional expenses. Add lines 1 through 24e 25 58,325,181 53,250,276 3,362,523 1,712,382 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

Par	τX	Check if Schedule O contains a response to any question in thi	s Par	t X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			18,452,044	2	8,503,013
	3	Pledges and grants receivable, net			8,407,273	3	6,763,133
	4	Accounts receivable, net			312,074	4	171,413
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule 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 elorganizations (see instructions) Complete Part II of Schedule	ibuting employers		6		
8	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			411,542		433,621
	9	Prepaid expenses and deferred charges		,	9	,	
	10a	Land, buildings, and equipment cost or other basis	10a	116,464,735			
	ь	Less accumulated depreciation	10b	48,843,787	58,695,784	10c	67,620,948
	11	Investments—publicly traded securities			36,541,208	11	39,890,162
	12	Investments—other securities See Part IV, line 11	15,988,186	12	19,026,522		
	13	Investments—program-related See Part IV, line 11			2,037,810	13	2,089,440
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,473,636	15	8,785,959
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			149,319,557	16	153,284,211
	17	Accounts payable and accrued expenses			7,145,578	17	7,198,918
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			15,534,212	20	14,053,590
φ.	21	Escrow or custodial account liability Complete Part IV of Sch	edule	D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualr		rustees,			
ge		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		600,000	23	929,529
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	rt X d	of Schedule	3,393,976	25	3,246,915
	26	D			26,673,766	26	25,428,952
— —	20	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	20,070,700	20	20,420,002		
ă Pic	27	Unrestricted net assets			37,447,823	27	50,326,817
<u>88</u>	28	Temporarily restricted net assets			25,492,690	28	15,476,601
=	29	Permanently restricted net assets			59,705,278	29	62,051,841
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.					
<u> </u>	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
45.5	32	Retained earnings, endowment, accumulated income, or other f				32	
Net /	33	Total net assets or fund balances			122,645,791	33	127,855,259
Ź	34	Total liabilities and net assets/fund balances			149,319,557	34	153,284,211
	1	. 112. Habilitab and not abbets/raila balances 1 1 1 1	•		1-10,010,001	J-7	Form 000 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
		$\Box$			
1	Total revenue (must equal Part VIII, column (A), line 12)	L		61,4	108,701
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,3	325,181
3	Revenue less expenses Subtract line 2 from line 1	3		3,0	83,520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			122,6	545,791
5	Net unrealized gains (losses) on investments	;		1,0	23,085
6	Donated services and use of facilities	,			
7	Investment expenses	,			
8	Prior period adjustments	,			
9	Other changes in net assets or fund balances (explain in Schedule O)	,		1,1	.02,863
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	٥		127,8	355,259
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	no b			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	L	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both	:e			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o audit, review, or compilation of its financial statements and selection of an independent accountant?	fthe	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ured	3b	Yes	

Software ID: Software Version:

**EIN:** 42-0680335

Name: CORNELL COLLEGE

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

Form 990, Part VII - Compensation of Compensated Employees, and Indeper	ndent Contra	ctors			,	ive à	£111	ı	I	1
<b>(A)</b> Name and Title	(B) Average hours per week (list any	dıre	than	o not one son i er an trus	box s bot d a tee)	, th	T -	(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
JOHN D MCGRANE BOARD CHAIR/TRUSTEE	4 00	х		х				0	0	0
JEFFREY J JENSEN - VICE CHAIR OF ALUMNI & COLLEGE ADVANCEMENT/TRUSTEE	3 00	х		х				0	0	0
MILDRED G CARSTENSEN - VICE CHAIR OF ACADEMIC AFFAIRS/TRUSTEE	3 00	х		х				0	0	0
GILDA V BOYER - VICE CHAIR OF BUSINESS/TRUSTEE	3 00	х		х				0	0	0
EDWARD MEADS - VICE CHAIR OF ENROLLMENT & COMMUNICATIONS/TRUSTEE	3 00	х		х				0	0	0
ROBERT MCLENNAN - CHAIR OF COMMITTEE ON TRUSTEESHIP/TRUSTEE	3 00	х		х				0	0	0
THOMAS DURHAM SECRETARY	3 00	х		х				0	0	0
STEVEN ANDERSON TRUSTEE THROUGH 5/2013	1 00	х						0	0	0
SHERYL ATKINSON STOLL TRUSTEE	1 00	х						0	0	0
JOHN BICKEL TRUSTEE	1 00	х						0	0	0
PETER S BRYANT TRUSTEE THROUGH 10/2012	1 00	х						0	0	0
KYLE DAVY TRUSTEE	1 00	х						0	0	0
STEVEN DEANGELES TRUSTEE	1 00	х						0	0	0
NEIL ECKLES TRUSTEE	1 00	х						0	0	0
LOREN HIRATZKA TRUSTEE	1 00	х						0	0	0
KALISSA HOLDCRAFT TRUSTEE	1 00	х						0	0	0
MAUREEN JOHNSON TRUSTEE	1 00	х						0	0	0
JUDY JORGENSEN TRUSTEE	1 00	х						0	0	0
FRANCES KAO TRUSTEE	1 00	х						0	0	0
TAYLOR KOCH TRUSTEE	1 00	х						0	0	0
LINDA KOEHN TRUSTEE	1 00	х						0	0	0
STUART LEHR TRUSTEE	1 00	х						0	0	0
LYNN LUCE KITT TRUSTEE	1 00	х						0	0	0
JESSICA MORTON TRUSTEE THROUGH 10/2012	1 00	х						0	0	0
JANENE PANFIL TRUSTEE	1 00	х						0	0	0

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

Compensated Employees, and Indepen		actors						l		l l
<b>(A)</b> Name and Title	(B) Average hours per week (list	dire	than pers office ctor/i	not one on is ran trust	box s bot d a tee)	, th		( <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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
DEAN RIESEN TRUSTEE THROUGH 2/2013	1 00	Х						0	0	0
JERRY N RINGER TRUSTEE	1 00	х						0	0	0
JEAN RUSSELL TRUSTEE	1 00	х						0	0	0
JOHN SMITH TRUSTEE	1 00	х						0	0	0
VIRGINIA SMITH TRUSTEE	1 00	х						0	0	0
JOHN URHEIM TRUSTEE	1 00	х						0	0	0
ELI WADE-SCOTT TRUSTEE	1 00	х						0	0	0
RICHARD WILLIAMS TRUSTEE	1 00	х						0	0	0
ROBERT E WILSON TRUSTEE	1 00	х						0	0	0
JONATHAN BRAND PRESIDENT	60 00			х				268,256	0	35,715
KAREN MERCER TREASURER/VP OF BUSINESS AFFAIRS	50 00			х				146,148	0	7,770
JAMES BROWN ASSISTANT TO THE PRESIDENT	50 00					х		133,286	0	14,872
RONALD JOE DIEKER VICE PRESIDENT OF ACADEMIC AFFAIRS	50 00					х		135,910	0	19,613
CHARLES CONNELL PROFESSOR OF LANGUAGES	50 00					х		180,240	0	7,477
CRAIG ALLIN PROFESSOR OF POLITICAL SCIENCE	50 00					х		175,228	0	21,558
DOUGLAS HANSON PROFESSOR OF ART & ART HISTORY	50 00					х		132,193	0	14,352

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493048014874

**Employer identification number** 

OMB No. 1545-004

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

CORNELL 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.

2012

Open to Public Inspection

									42-0680		
Pai				blic Charity Sta				•	<u> </u>	instructions	5.
The o	rganı:			te foundation becaus							
1			•	ion of churches, or a				ection 170	(b)(1)(A)(i).	•	
2	굣	A scho	ol described	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3		A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desci	nbed in <b>sectio</b>	on 170(b)(1	L)(A)(iii).		
4	Γ			h organization opera <sup>:</sup> ity, and state	ted ın conjun	ction with a	hospital des	cribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the
5	Г	Anorg	anization op	erated for the benefi	t of a college	or univers	ity owned or c	perated by	a governme	ntal unit des	cribed in
				( <b>A)(iv).</b> (Complete P			•		-		
6	Г	A fede	ral, state, or	local government o	r government	tal unit desc	cribed in <b>sect</b>	ion 170(b)	(1)(A)(v).		
7	Ė			at normally receives	=					from the gen	eral public
8		describ	oed in <b>sect ic</b>	on 170(b)(1)(A)(vi). described in section	(Complete F	art II)		_			
9	Ė			at normally receives			-	-	ibutions, mer	mbership fees	s, and gross
	•	_		rities related to its e			7.7		•	•	-
				oss investment inco							
				ganızatıon after June						•	
10	Г			- ganızed and operateo							
11	Γ	one or the box	more public cthat descr	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in sect ization and	ion 509(a)(1 complete line	) or section s 11e thro	n 509(a)(2) ugh 11h	See <b>section</b> !	<b>509(a)(3).</b> Check
e	Γ	other t		ox, I certify that the ion managers and ot							
f		If the c	rganization	received a written d	etermınatıon	from the IF	S that it is a	Type I, Ty	pe II, or Typ	e III support	ing organization,
g			this box August 17	2006, has the organ	ization accer	oted any dif	t or contributi	on from an	v of the		ı
9			ng persons?		izacion accep	occu un, gn	e or comeribue	011 11 0111 411	, 01 1110		
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (i	ı)	Yes No
		and (111	) below, the	governing body of th	ne supported	organızatıo	n?			119	g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				<b>11</b> g	ı(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)				
(i) Nam suppor organiza		rted	(ii) EIN	(ii) EIN  (iii) Type of organization organization in col (i) listed in your governing or IRC section (see		(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is organiza col (i) or in the l	ition in ganized	(vii) A mount of monetary support	
				instructions))	Yes	No	Yes	No	Yes	No	
							<u> </u>				
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	<u>iplete Pa</u>	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	(e) 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						
	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			1.2		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: 93493048014874

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

lame of the organization	Employer identification number						
ORNELL COLLEGE		42-0680335					
Organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts					
Total number at end of year							
Aggregate contributions to (during year)							
Aggregate grants from (during year)							
Aggregate value at end of year		<u> </u>					
Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised Yes No					
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?							
art II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.					
Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held	on or education)  Preservation of an Preservation of a c	ertified historic structure					
easement on the last day of the tax year	a quanned conservation contribution in the						
Total number of conservation easements	-	Held at the End of the Year					
	-	24					
<ul> <li>Total acreage restricted by conservation easements</li> <li>Number of conservation easements on a certified his</li> </ul>	<b>-</b>	2b					
<ul> <li>Number of conservation easements on a certified his</li> <li>Number of conservation easements included in (c) at historic structure listed in the National Register</li> </ul>	· · · · •	2c 2d					
Number of conservation easements modified, transfe	ے erred. released. extinguished. or terminate	d by the organization during					
the tax year 🛌	. , , , , , , , , , , , , , , , , , , ,	, ,					
· ————	- h						
Number of states where property subject to conserva		<del></del>					
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	?	☐ Yes ☐ No					
Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easem	nents during the year					
Amount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation easements	during the year					
Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)					
In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial						
Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.					
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education, o	or research in furtherance of public					
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	116 (ASC 958), to report in its revenue s sets held for public exhibition, education, o	statement and balance sheet					
(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
(ii) Assets included in Form 990, Part X		<b>►</b> \$					
If the organization received or held works of art, histofollowing amounts required to be reported under SFA		· -					
Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
• Assets included in Form 990, Part X		<b>▶-</b> \$					

Par	Organizations Maintaining Co	llections of Ar	t, His	itoricai i	reası	ures, or O	tne	<u>r Similar As</u>	ssets ( $c$	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cł	neck any o	f the fol	lowing that a	re a	sıgnıfıcant us	e of its	
а	Public exhibition		d	┌ Loai	norexo	:hange progr	ams			
b	Scholarly research		e	┌ Oth	er					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	aın hov	w they furtl	ner the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicities	or receive donation	s of ar	t. historica	al treas	ures or other	rsım	ular		
	assets to be sold to raise funds rather than t	to be maintained as	s part o	of the orga	nızatıor	ı's collectıon	?		☐ Yes	┌ No
Pai	Part IV, line 9, or reported an ar					n answered	Y" b	es" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for contrib	outions	or other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing table		_				
						_		Α	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year					-	1e			
f	Ending balance						<b>1</b> f			
2a	Did the organization include an amount on Fe	orm 990, Part X, Iır	ne 21?						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been p	provided in P	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior year				Three years back		ears back
1a	Beginning of year balance	63,666,636		65,046,49		59,668,619	-	57,977,908		72,967,687
b	Contributions	2,087,182		245,09	8	-131,810		368,194		3,631,616
c	Net investment earnings, gains, and losses	3,898,357		761,16	4	7,868,988		4,800,105	-	14,094,705
d	Grants or scholarships									
е	Other expenditures for facilities and programs	2,652,745		2,386,12	0	2,359,303		3,477,588		4,526,690
f	Administrative expenses									
g	End of year balance	66,999,430		63,666,63	6	65,046,494		59,668,619		57,977,908
2	Provide the estimated percentage of the cur	rent vear end balan	nce (lır	ne 1a. colu	mn (a))	held as				
а	Board designated or quasi-endowment	0 %			(//					
Ь	Permanent endowment ► 92 360 %									
		40 %								
С	Temporarily restricted endowment From 7 to 7									
За	Are there endowment funds not in the posse	•	zation	that are be	ld and	a dministara	l for	th o		
Ja	organization by	ssion of the organiz	Zation	tilat are ne	ilu allu i	aummsteret	1 101	tile	Yes	No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations							3a	(ii)	No
b	If "Yes" to 3a(II), are the related organization				?.			3	ь	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa				. 1			
	Description of property			(a) Cost of basis (inve		( <b>b)</b> Cost or ot basis (othe		(c) Accumulated depreciation	d (d) Bo	ook value
1a	Land				100,000	3,316	,809			3,416,809
b	Buildings			2,	091,750	95,733,	,114	35,128,0	37 (	52,696,777
С	Leasehold improvements									
d	Equipment					15,223,	,062	13,715,7	00	1,507,362
е	Other		•							
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (B), lın	e 10(c).	)		<del> </del>		57,620,948

Investments—Other Securities. See			
(a) Description of security or category	<b>(b)</b> Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) HEDGE FUND	7,315,206		F
(B) NATURAL RESOURCE FUND	629,296		F
(C) PRIVATE EQUITY FUND	4,684,675		F
(0)111111111111111111111111111111111111	1,001,070		<u> </u>
(D) REIT	6,397,345		F
Total. (Column (b) must equal Form 990. Part X. col (B) line 12 )	10.026.522		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See	19,026,522	12	
(a) Description of investment type	(b) Book value		od of valuation
	(=) = = = = = = = = = = = = = = = = = =		f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
(1) ASSETS HELD IN TRUST			3,640,185
(2) UNITRUSTS			1,969,003
(3) CONTRACTS AND MISC			15,466
(4) CASH VALUE OF LIFE INSURANCE			3,161,305
	,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.		<u> </u>	8,785,959
Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	(b) Book value		
	(2) 500% value		
Federal income taxes	070 335		
US GOVERNMENT LOANS, REFUNDABLE	870,335		
STUDENT TUITION PAID IN ADVANCE	130,803		
ANNUITIES PAYABLE	1,212,788 1,032,989		
LIFE-INCOME PAYABLE	1,032,989		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,246,915		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text		nization's financial states	ments that reports the

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	38,283,027
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,090,51
3	Subtract line <b>2e</b> from line <b>1</b>	3	37,192,514
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 195,905		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	24,216,187
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	61,408,70
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	34,172,080
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	63,086
3	Subtract line <b>2e</b> from line <b>1</b>	3	34,108,994
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 195,905		
b	Other (Describe in Part XIII )	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	24,216,187
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	58 325 18

### 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 ınformatıon

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS ENDOWMENT FUND ONE OF THE OBJECTIVES OF THIS FUND IS TO PROVIDE A PREDICTABLE FUNDING STREAM FOR ITS PROGRAMS WHILE MAXIMIZING RETURNS ON THE INVESTMENTS THE COLLEGE HAS ADOPTED POLICIES TO COMPLY WITH FAS 117-1 AND UPMIFA AS ADOPTED BY THE 2008 IOWA LEGISLATURE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE COLLEGE MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES THE COLLEGE FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOME (UBI) IS REPORTED ON FORM 990-T, AS APPROPRIATE MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBI AS OF JUNE 30, 2013 AND 2012, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY FORMS 990 AND 990-T FILED BY THE COLLEGE ARE NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE FISCAL YEARS ENDED JUNE 30, 2009 AND PRIOR
PART XI, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT 4,342 RENTAL EXPENSES 63,086
PART XI, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 24,020,282
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 63,086
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 24,020,282

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DLN: 93493048014874

OMB No 1545-0047

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

**CORNELL COLLEGE** 42-0680335 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? Νo 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)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	CORNELL COLLEGE HAS THE FOLLOWING STATEMENT ON THE APPLICATION FOR ADMISSION "CORNELL COLLEGE ADMITS QUALIFIED STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, AGE RELIGION, SEXUAL ORIENTATION, AND DISABILITY CORNELL COLLEGE IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY INSTITUTION "THIS APPLICATION WOULD BE GIVEN TO ANY PERSON WANTING TO ATTEND CORNELL, AND THUS, WOULD BE KNOWN TO ALL PARTS OF THE COMMUNITY IT SERVES
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FEDERAL AND STATE GRANTS

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493048014874

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

	e of the organization NELL COLLEGE				Employer ident	ification number
					42-0680335	
Pa	<b>General Information</b> "Yes" to Form 990, Par	n on Activitie rt IV, lıne 14b.	es Outside th	ne United States. C	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the g	grants or assis	tance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ung Part I, line 3	table can be du	uplicated if additional sp	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	142,708
	EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	105,300
	EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	26,249
	SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	19,478
	MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	7,900
За	Sub-total	0	0			301,635
b	Total from continuation sheets to Part I	0	0			0
C	Totals (add lines 3a and 3b)	0	0			301,635

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete of the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

+	(b) IRS code	<b>(c)</b> Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) A mount of	(h) Description	(i) Method of
(a) Name of	section		grant	cash grant	cash	of non-cash	of non-cash	valuation
organization	and EIN (if				disbursement	assistance	assistance	(book, FMV,
	applicable)							appraisal, other)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities.

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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.

appraisal, other) (h) Method of (book, FMV, valuation (g) Description of non-cash assistance (f) A mount of assistance non-cash (e) Manner of cash disbursement (d) A mount of cash grant Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2012

**Foreign Forms** 

Part IV

ty to a foreign corporation during the tax year? If "Yes," $the$	١	No Les No	
Was the organization a U $$ $$ $$ transferor of property to a foreign corporation during the tax $$ year? $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	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)	

required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Did the organization have an interest in a foreign trust during the tax year? If "yes," the organizationmay be Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for

Yes Forms 3520 and 3520-A)

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Yes

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organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," theCorporations. (see Instructions for Form 5471)

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Yes Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) 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

> 7 Yes Did the organization have any operations in or related to any boycotting countries during the tax year? If "yes, organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the(see Instructions for Form 8865)

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> Yes the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).

Schedule F (Form 990) 2012

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### 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	mpiete this part to provide any ad	ditional information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 N/A
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL
-		
-		
		Schedule F (Form 990) 2012

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OMB No 1545-0047

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

Department of the Treasury

Schedule I

(Form 990)

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

Attach to Form 990

Name of the organization						Employer identificati	on number
CORNELL COLLEGE						42-0680335	
Part I General Information	on on Grants and	Assistance				I	
<ol> <li>Does the organization maintain the selection criteria used to ave</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or ass	sistance?					▽ Yes ┌ N
<b>Part II Grants and Other A</b> Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Enter total number of section 5 3 Enter total number of other orga For Paperwork Reduction Act Notice, se	anızatıons lısted ın th	e line 1 table				<u>-</u>	le I (Form 990) 2012

**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. Part III

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(e)Method of valuation (book, (f)Description of non-cash assistance FMV, appraisal, other)
(1) EDUCATION-ACM TUITION REMISSION	32	568,490	0	0 N/A	N/A
(2) EDUCATION-SEO G GRANTS	411	41,988	0	0 N/A	N/A
(3) EDUCATION-GENERAL GRANTS	921	9,924,240	0	0 N/A	N/A
(4) EDUCATION-INTERNATIONAL SCHOLARSHIPS	2	86,200	0	0 N/A	N/A
(5) ENDOWED AND OTHER SCHOLARSHIPS	294	11,567,200	0	0 N/A	N/A
(6) EDUCATION-INSTITUTIONAL SCHOLARSHIPS	232	1,832,164	0	0 N/A	N/A

y other additional information	
2, Part III, column (b), and any oth	rolanation
the information required in Part I, line	Return Reference
Complete this part to provide the	Identifier

Supplemental Information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CORNELL MONITORS ALL GRANT RESOURCES THROUGH FEDERAL, STATE, AND
MONITORING GRANTS		INSTITUTIONAL AUDITS AS WELL AS FEDERAL, STATE, AND INTERNAL POLICY AND PROCEDURES AS WELL AS
IN THE U S		PERIODIC AUDITING BY AND REPORTING TO THE FEDERAL DEPARTMENT OF EDUCATION, AN INDEPENDENT
		AUDIT FIRM COMPLETES AN ANNUAL AUDIT OF ALL GRANTS AND OTHER ASSISTANCE CORNELL'S MANAGEMENT
		TAKES THE NECESSARY STEPS TO INSURE CORNELL IS IN COMPLIANCE WITH THE MANY FEDERAL REGULATIONS
		RECIPIENTS OF GRANT AND OTHER ASSISTANCE ARE SELECTED ON AN EQUAL OBJECTIVELY DETERMINABLE
		BASIS WITH OTHER RECIPIENTS

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DLN: 93493048014874

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► 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 CORNELL COLLEGE

**Employer identification number** 

42-0680335

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_	Yes	
	an octors, tradices, and the GEO, Executive Briefles, regarding the Reins encored in fine fa	2	res	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	, representations , representations of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule 3, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred In prior Form 990
(1)JONATHAN BRAND PRESIDENT	(II)	267,210	0	1,046	14,043	21,672 0	303,971	0
(2)KAREN MERCER TREASURER/VP OF BUSINESS AFFAIRS	ŒŒ	145,886	0	262	7,405	365	153,918	0
(3)RONALD JOE DIEKER VICE PRESIDENT OF ACADEMIC AFFAIRS	(ii)	135,456	0	454	7,124	12,489	155,523	0
(4)CHARLES CONNELL PROFESSOR OF LANGUAGES	(E)	180,240	0	0	3,107	4,370	187,717	0
(5)CRAIG ALLIN PROFESSOR OF POLITICAL SCIENCE	ΞΞ	174,761	0	467	3,819	17,739 0	196,786	0

Schedule J (Form 990) 2012

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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 tion Part ]

iso complete tills part for any additional implination	illal IIIIOIIIIacioii	
Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL FOR COMPANIONS PRESIDENT BRAND WILL OCCASIONALLY TRAVEL WITH HIS SPOUSE TO
		VARIOUS CORNELL FUNCTIONS FOR BUSINESS PURPOSES RESIDENCE FOR PERSONAL USE PRESIDENT
		BRAND IS REQUIRED TO LIVE AND ENTERTAIN IN THE PRESIDENT'S HOME WHICH IS OWNED BY THE
		COLLEGE NO INCOME IS REPORTED IN PRESIDENT BRAND'S TAXABLE INCOME FOR THESE ACTIVITIES

Schedule J (Form 990) 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. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2012

DLN: 93493048014874

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

	lame of the organization CORNELL COLLEGE					Employer identification number									
CO	RNELL COLLEGE									42	-06803	35			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue	price	(f	<b>f)</b> Descriptio	n of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing
		<u> </u>	1							Yes	No	Yes	No	Yes	No
A	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460ZB5	10-24-2006	6,87			ISTRUCTION ISING	N OF STUDEN	Т	х		х		х
В	IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	462460E51	06-20-2008	11,69	5,000	CAMI	1PUS FACILI INANCE OF I	F VARIOUS ITIES AND PRIOR BOND		х		х		х
Pa	art III Proceeds														
۔ ا	A mount of bonds retired							В			С	$\longrightarrow$		D	
1					<del> </del>	256,	,290	<u> </u>	4,263,940			$\longrightarrow$			
2							<b></b>				$\longrightarrow$				
3				<del> </del>	6,942,	-		11,736,190			$\longrightarrow$				
4	· · ·			+	438,	,056	<u> </u>				$\longrightarrow$				
5							<u> </u>				$\longrightarrow$				
6	Proceeds in refunding escrows					3,755,	-		3,755,286						
7	Issuance costs from proceeds					137,	,575		157,192			$\longrightarrow$			
8	Credit enhancement from proc						$\longrightarrow$	<u> </u>				$\longrightarrow$			
9	Working capital expenditures f	·				7,823,712 7,823,712				$\longrightarrow$					
10	Capital expenditures from prod	ceeds				6,366,	,402					$\longrightarrow$			
11	Other spent proceeds						$\longrightarrow$					$\longrightarrow$			
12					<del>                                     </del>		$\longrightarrow$	<u> </u>							
13	Year of substantial completion	1			20		$\longrightarrow$	200				. 1		1	
١	Warra the bende record on nov	+ - f - augreent refund			Yes	No		Yes	No	Yes	N	lo	Yes	+	No
14						X	-	Х				$\longrightarrow$		+	
15	Were the bonds issued as part		nding issue?			Х			Х			$\longrightarrow$		$\dashv$	
16	Has the final allocation of proc	ceeds been made?			Х			Х						$\perp$	
17	Does the organization maintai allocation of proceeds?	· 	nd records to supp	ort the final	×			Х							
Pa	rt IIII Private Business U	Jse			<del>-</del>			<u> </u>							
					Yes	A No	$\rightarrow$	Yes	No No	Yes	C	lo	Yes	D	No
1	Was the organization a partner	r in a partnership, o	ra member of an L	LC. which owned	res			res		res	l N	<del>'0</del>		+	NO
_	the control of the co			,		X		1 1	X						

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

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Sche	Schedule K (Form 990) 2012									<u> </u>	Page 2
Ų	THE PLINATE BUSINESS USE (COMMINGE)			-					_		
		-1	Yes	S	Yes	No	Yes	υ 	Yes	ے ہ	S
3a	Are there any management or service contracts that may result in private busines of bond-financed property?	asn sseusr		×		×					
g	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	ther outside ced									
U	Are there any research agreements that may result in private business use of bon financed property?	of bond-		×		×					
פ	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?	ther outside									
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government	entities •	-	%000000		%000000		_	%	_	%
20	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	a result of section		%000000		%000000			%		%
9	Total of lines 4 and 5			%0000000		%000000			%		%
_	Does the bond issue meet the private security or payment test?			×		×					
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?	s were		×		×					
۵	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispose	sposed of		%		%		-	%		%
U	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2 $^{\circ}$	ctions									
6	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	r r	×		×						
Par	Part IV Arbitrage										
		4		В			ပ			٥	
•	Has the isciler filed Form 8038-T2	Yes	<b>&amp;</b>	Yes	۶ ک	Yes	S.	8	Yes		<b>₽</b>
٠   ر	If "No" to line 1, did the following apply?		<		<						
n	Rebate not due yet?		×		×						
۵	Exception to rebate?		×	×							
U	No rebate due?	×			×						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed										
m	Is the bond issue a variable rate issue?		×	×							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		×						
Ф	Name of provider										
U	Term of hedge										
ס	Was the hedge superintegrated?										
Ø	Was a hedge termınated?										
								Sci	Schedule K (Form 990) 2012	orm 990)	) 2012

Arbitrage (Continued)

Part IV

				A	8		J		D	
			Yes	No	Yes	No	Yes	No	Yes	No
2a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	n a guaranteed investment	×			×				
q	Name of provider		BAYERISCHE LANDESBANK	1E NK						
v	Term of GIC		40 000	000000000000						
P	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	or establishing the fair market	×							
9	Were any gross proceeds investe period?	Were any gross proceeds invested beyond an available temporary period?	×			×				
7	Has the organization established written procedures to monitor the requirements of section $148^{\circ}$	d written procedures to monitor ?	×		×					
Par	Part V Procedures To Under	Procedures To Undertake Corrective Action								
				4	<b>g</b>		<b>o</b>		Q	
			Yes	No	Yes	No	Yes	ON	Yes	No
<b>ਜ</b>	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement prograi self-remediation is not available under applicable regulations?	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	×		×					
Pa	Part VI Supplemental Info	Supplemental Information. Complete this part to provide ad	rovide additio	Iditional information for responses to questions on Schedule K (see instructions)	n for respons	ses to quest	ions on Sche	dule K (see	instructions)	
	Identifier	Return Reference				Explanation	tion			
SCHE	SCHEDULE K PART IV, ARBITRAGE, LINE 2C	DATE REBATE COMPUTATION I PERFORMED	SSUER NAME ERFORMED 0	ISSUER NAME IOWA HIGHER EDUCATION LOAN AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/13/2011	EDUCATION	LOAN AUTH	ORITY DATE	ТНЕ КЕВАТЕ	COMPUTATI	ON WAS
SCHE	COLUMN (E)	EXPLANATION FOR DIFFERENCES 2 BETWEEN ISSUE PRICE AND PROCEEDS	2006 ISSUE D \$41,190 IS REI	2006 ISSUE DIFFERENCE OF \$63,213 IS RELATED TO THE BOND DISCOUNT 2008 ISSUE \$41,190 IS RELATED TO THE BOND DISCOUNT	\$63,213 IS R BOND DISCO	ELATED TO 1 UNT	THE BOND DI	SCOUNT 200		DIFFERENCE OF

Schedule K (Form 990) 2012

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DLN: 93493048014874

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury

CORNELL COLLEGE

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization

42-0680335 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art . . . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods . . . . . . Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 32 394,880 AVERAGE SHARE PRICE Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (\_\_ 26 Other ▶( \_\_\_ **27** Other ▶(\_\_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

**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 TIMES DONORS CONTRIBUTED STOCK/SECURITIES OF ONE OR MORE TYPES DURING THE TAX YEAR

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493048014874

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public

Inspection

Name of the organization CORNELL COLLEGE	Employer identific	cation number
	42-0680335	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, IMMEDIATE PAST CHAIR, CHAIR-ELECT, VICE-CHAIRS, CHAIR OF THE COMMITTEE ON TRUSTEESHIP, PRESIDENT, SECRETARY, AND UP TO TWO ADDITIONAL VOTING TRUSTEES BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE HAS THE GENERAL SUPERVISION OF THE ADMINISTRATION AND PROPERTY OF THE COLLEGE EXCEPT THAT UNLESS SPECIFICALLY EMPOWERED BY THE BOARD TO DO SO, IT MAY NOT TAKE ANY ACTION INCONSISTENT WITH A PRIOR ACT OF THE BOARD, AWARD DEGREES, ALTER BY LAWS, LOCATE PERMANENT BUILDINGS ON TAX-EXEMPT PROPERTY HELD FOR COLLEGE PURPOSES, REMOVE OR APPOINT THE PRESIDENT OF THE COLLEGE, OR TAKE ANY ACTION WHICH HAS BEEN RESERVED BY THE BOARD

Ī	dentifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED IN DETAIL BY THE BUSINESS AFFAIRS COMMITTEE OF THE BOARD THE FORM 990 IS FINALIZED AND POSTED TO THE CORNELL COLLEGE SECURED BOARD WEBSITE AND MADE AVAILABLE FOR REVIEW BY EACH MEMBER PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, A CONFLICT OF INTEREST DISCLOSURE FORM IS DISTRIBUTED TO EACH BOARD TRUSTEE. THEY ARE REQUIRED TO COMPLETE THIS FORM AND RETURN IT TO THE COLLEGE. ALL TRUSTEES ARE REQUIRED DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICABLE TIME. NO TRUSTEE IS ELIGIBLE TO VOTE ON ANY MATTER, UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING, IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST. THE MINUTES OF SUCH MEETING DOCUMENT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY TRUSTEE WHO IS UNCERTAIN WHETHER HE OR SHE HAS A CONFLICT OF INTEREST IN ANY MATTER MAY REQUEST THE BOARD OR COMMITTEE TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS, AND THE BOARD OR COMMITTEE RESOLVES THE QUESTION BY MAJORITY VOTE.

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S SALARY IS SET BY THE BOARD OF TRUSTEES, WHO TAKE INTO CONSIDERATION SALARY SURVEY DATA FROM THE ASSOCIATED COLLEGES OF THE MIDWEST VICE-PRESIDENTIAL SALARIES ARE DETERMINED BY THE PRESIDENT AND THE HUMAN RESOURCES DIRECTOR UTILIZING SALARY DATA FROM THE ASSOCIATED COLLEGES OF THE MIDWEST AND COLLEGE AND UNIVERSITY PROFESSIONALS (CUPA) DATA THE LAST REVIEW OF COMPENSATION WAS CONDUCTED IN 2013 OTHER STAFF AND FACULTY SALARIES ARE REVIEWED WHEN REPLACEMENTS ARE NECESSARY OR WHEN MARKET CONDITIONS INDICATE THAT A POSITION IS SIGNIFICANTLY UNDERPAID PROPOSED SALARIES FOR NEW OR REPLACEMENT STAFF POSITIONS ARE COMPARED TO EXTERNAL MARKET DATA AND DISCUSSED BY THE SALARY REVIEW COMMITTEE (VICE PRESIDENT OF BUSINESS AFFAIRS, SPECIAL ASSISTANT TO THE PRESIDENT AND THE DIRECTOR OF HUMAN RESOURCES) MARKET DATA, IN CONJUNCTION WITH FINANCIAL CONSTRAINTS, YIELD A RECOMMENDATION FORWARDED TO THE PRESIDENT FOR REVIEW AND APPROVAL IF SALARY INCREASES ARE GRANTED TO CONTINUING STAFF AND FACULTY, GENERALLY AN ACROSS-THE-BOARD INCREASE IS APPLIED TO SALARIES, WITH INDIVIDUAL ADJUSTMENTS MADE ONLY IF MARKET DATA SHOWS CONSIDERABLE VARIANCE COMPENSATION INCREASES ARE INCLUDED AS PART OF THE PROPOSED BUDGET THAT IS APPROVED ANNUALLY BY THE BOARD OF TRUSTEES THE LAST REVIEW OF COMPENSATION WAS CONDUCTED IN 2013

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ACTUARIAL ADJUSTMENT 4,342 CHANGE IN SEVERANCE PLAN 1,098,521