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DLN: 93493054003027

OMB No 1545-0047

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 private

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

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{\textit{www IRS gov/form990}}$ 

Open to Public Inspection

		endar year, or tax year beginning	g 07-01-2015 ,and ending 06-30-201	-				
B Ch	eck ıf applıcable	C Name of organization CORNELL COLLEGE			D Employe	ridentificat	tion number	
	ddress change				42-068	0335		
<u> </u>	ame change utial return	Doing business as						
III					E Telephone	number		
retum,	/terminated nended return	Number and street (or P O box if ma 600 FIRST STREET SW	all is not delivered to street address) Room/sui	te		95-4383		
<u> </u>	plication pending	City or town, state or province, count	try, and ZIP or foreign postal code		(,-			
	F	MOUNT VERNON, IA 52314			<b>G</b> Gross rec	eıpts \$ 77,78	0,791	
		F Name and address of principa	al officer	<b>H(a)</b> Is th	ıs a group re	eturn for		
		JONATHAN BRAND 600 FIRST STREET SW			rdinates?		☐ Yes 🗸	
		MOUNT VERNON, IA 52314		No H(h) Are a	all subordina	ites		
<b>I</b> Ta	x-exempt status	<b>√</b> 501(c)(3)	nsert no )	inclu	ded?		□Yes □ No	
J W	ebsite: ► WW	W CORNELLCOLLEGE EDU			o," attach a ıp exemptio	•	instructions)	
K For	n of organization	✓ Corporation  Trust  Associat	on Cother ▶		rmation 1854		of legal domicile IA	
-								
Ра	rt I Sum	mary cribe the organization's mission	or most significant activities					
	CORNELL	COLLEGE OFFERS AN INNOVA	ATIVE AND RIGOROUS LEARNING C					
			VELOP THE INTELLECTUAL CURIOS ING AND ENGAGED CITIZENSHIP	SITY, CREAT	IVITY AND	MORALC	COURAGE	
)Ce	NECESSA	RTTORA LITETIME OT LEARN	ING AND ENGAGED CITIZENSHIP					
nař								
Vel								
Governance	2 Check th	is box ▶ ┌ if the organization dis	continued its operations or disposed o	f more than ?	25% of its n	et assets		
Activities &	3 Number	of voting members of the governing	ng body (Part VI, line 1a)		1	з	28	
tre		-	fthe governing body (Part VI, line 1b)		_	4	28	
3			alendar year 2015 (Part V, line 2a)		· · ·	5	1,154	
AC		, ,	cessary)		_	6	30	
		•	rt VIII, column (C), line 12		-	'a	16,707	
			m Form 990-T, line 34		_	 7b	0	
			·		or Year	Cu	ırrent Year	
	8 Contri	butions and grants (Part VIII, lin	e1h)		23,933,93	5	6,900,178	
₫	9 Program service revenue (Part VIII, line 2g)					. 5	47,778,486	
anu <del>o</del> ve R	10 Invest	ment income (Part VIII, column	(A), lines 3, 4, and 7d)		5,701,99	999,297		
æ	11 Other	revenue (Part VIII, column (A), I		241,81	305,079			
		revenue—add lines 8 through 11	:	78,513,55	55,983,040			
	12) 13 Grants	and cimilar amounts haid (Part 1	IX, column (A), lines 1-3)		22,997,83	1	21,831,233	
			K, column (A), line 4)		22,557,05	0	21,031,233	
		·	e benefits (Part IX, column (A), lines		47.675.00			
S <del>S</del>	5-10)			17,675,92	.9	19,300,551		
Expenses		sional fundraising fees (Part IX,	•	90,40	14	82,290		
ă		ndraising expenses (Part IX, column (D),						
			nes 11a–11d, 11f–24e)		17,826,02		18,539,398	
		expenses Add lines 13-17 (mus		58,590,18		59,753,472		
<u>, "</u>	19 Reven	ue less expenses. Subtract line 1	.8 from line 12	•	19,923,36	14	-3,770,432	
Net Assets or Fund Balances				Beginning (	of Current Ye	ar E	nd of Year	
Bak	20 Total a	assets (Part X, line 16)			190,612,43	4	184,413,049	
₹ ₽	<b>21</b> Total I	iabilities (Part X, line 26)		•	34,476,46	7	33,708,447	
		sets or fund balances Subtract I	ine 21 from line 20		156,135,96	57	150,704,602	
		ature Block						
my k		pelief, it is true, correct, and com	mined this return, including accompan plete Declaration of preparer (other th			•		
	****				017-02-14			
Sign	ı   <b>,</b>	ture of officer		D	ate			
Here	INAL	ANGSETH TREASURER & VP OF BUSINES or print name and title	SS					
	<u>                                      </u>	or print name and title rint/Type preparer's name	Preparer's signature Do	ate		TIN		
D~:-	I A	nnt/Type preparers name MY HENDLEY	AMY HENDLEY	Che		01300654		
Paid	l e	ırm's name ► CLIFTONLARSONALLEN I	ı LP		r's EIN ▶ 41-(	746749		
	parer 📙	ırm's address ▶ 600 3RD AVE SE STE 30			ne no (319) 3			
use	Only	CEDAR RAPIDS, IA 524	01					

		01(c)(3) and 501(c)(4 and revenue, if any, for			rt the amount of grants and alloc	ations to others,
4a	(Code	) (Expenses \$	37,514,884	including grants of \$	21,831,233 ) (Revenue \$	39,245,393 )
	IOWA, IS RECOGNIZED STUDENTS TO FOCUS O ACCESS TO PROFESSOR	AS ONE OF THE "COLLEGES ON A SINGLE ACADEMIC SUE RS, AND PROFESSORS CAN	THAT CHANGE LIV BJECT PER 18-DAY TEACH STUDENTS	VES " THE ACADEMIC IMM BLOCK SINCE PROFESSO OFF-CAMPUS IN WHATEV	LEGE, A SELECTIVE LIBERAL ARTS COLLI ERSION OF ITS ONE COURSE AT A TIME PRS ONLY TEACH ONE BLOCK AT A TIME ER VENUE BEST FITS THE MATERIAL W D ENTERTAINERS, CORNELL OFFERS TH	CURRICULUM ALLOWS , STUDENTS HAVE MORE ITH A STUDENT BODY FROM
41.	/Codo	) (Funance #	0.551.660		0.) (Pavamus #	357 600 \

Page 2

STUDENT AID AND FINANCIAL ASSISTANCE STUDENTS INVEST IN THEIR EDUCATION AT CORNELL COLLEGE, AND CORNELL INVESTS IN THEIR FUTURES CORNELL IS CONSISTENTLY DESCRIBED AS A "BEST BUY," MOST RECENTLY IN THE 2016 FISKE GUIDE APPROXIMATELY 93% OF CORNELL GRADUATES COMPLETE THEIR DEGREES IN FOUR YEARS OR LESS, AND 55% OF CORNELL GRADUATES COMPLETE AN ADVANCED DEGREE CORNELL'S LAW SCHOOL ACCEPTANCE RATE IS 85% COMPARED TO THE NATIONAL AVERAGE OF 80% CORNELL'S MEDICAL SCHOOL ACCEPTANCE RATE IS 75% COMPARED TO THE NATIONAL AVERAGE OF 40% CORNELL HAS SINCE 1996 BEEN KNOWN AS ONE OF THE "COLLEGES THAT CHANGE LIVES," BASED ON THE LOREN POPE BOOK NOW IN ITS FOURTH EDITION ITS DISTINCTIVE CURRICULUM WITHIN THE LIBERAL ARTS PROVIDES A SOLID PATH TO PROFESSIONAL ACHIEVEMENT AND PERSONAL FULFILLMENT 4c (Code ) (Expenses \$ 7.320.489 including grants of \$ 0)(Revenue \$ 8.275.485) AUXILIARY ENTERPRISES (HOUSING, DINING, STUDENT UNION AND SERVICE CENTER) FOUNDED IN 1853, CORNELL'S PICTURESQUE HILLTOP CAMPUS CONTAINS A

MIX OF HISTORIC AND MODERN FACILITIES. RANGING FROM THE MAJESTIC KING CHAPEL TO THE NEWLY RENOVATED THOMAS COMMONS. IT IS LOCATED IN MOUNT VERNON, IOWA-AN URBAN FRINGE COMMUNITY RECOGNIZED BY FROMMER'S AS ONE OF "AMERICA'S COOLEST SMALL TOWNS AND LOCATED IN THE HEART OF IOWA'S CREATIVE CORRIDOR CORNELL'S HILLTOP CAFE WAS NAMED THE SECOND BEST DINING HALL IN THE NATION BY BESTCOLLEGES COM IN 2015

8,551,660 including grants of \$

Other program services (Describe in Schedule O )

4d

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf y}$	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts $VIII$ , $VIII$ , $III$ ,			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11d	Yes	
	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	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Nο

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		eneak in seneatic o contains a response of note to any line in this		<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	145			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	<b>1</b> b	0			
	Did th	L ne organization comply with backup withholding rules for reportable payments to	vend	fors and reportable			
٠		ig (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	1,154			
<b>L</b>	•	s return			2b	Yes	
,		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ie organization have unrelated business gross income of \$1,000 or more during	the y	year <sup>?</sup>	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		No
h		int)?					NO
ь		s," enter the name of the foreign country ▶	, a a d	Funancial A cocumto			
	(FBAR		allu	Fillalicial Accounts			
5a	Was tl	· he organization a party to a prohibited tax shelter transaction at any time durir	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t	_	*	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
Č	11 10	5, to line 3d of 3b, and the organization me form 3000 1	• •		5c		
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	<b>6</b> b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	:d?	<b>7</b> b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ty for	which it was required to	<b>7</b> c		No
d		s," indicate the number of Forms 8282 filed during the year $\dots$	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
	Did th	ie organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	anofit contract?	7e 7f		No No
		organization, during the year, pay premiums, directly of momentity, on a personal organization received a contribution of qualified intellectual property, did the o					NO
9	requir	•		action file Form 6699 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did 1	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess but the year?	siness	s holdings at any time	,		
<b>C</b> -		' '	. •		8 9a		
		ie sponsoring organization make any taxable distributions under section 4966		orcon?			
D 10		le sponsoring organization make a distribution to a donor, donor advisor, or rela on <b>501(c)(7) organizations.</b> Enter	iteu þ	C13UII'	9b		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı						
11		on <b>501(c)(12) organizations.</b> Enter					
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.	120				
a		organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote.S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
	in whi	ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

7a

7b

8a

Yes

Yes

Νo

Νo

orm	990 (2015)					Pag	
	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstructions.				
<b>5</b> e	ction A. Governing Body and Management				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	2	3	163	140	
	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	<b>1</b> b	2:	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No	
3							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 now	erto	elect or appoint one or				

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	No

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . **15**b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

## Section C. Disclosure

year by the following a The governing body? .

List the States with which a copy of this Form 990 is required to be filed▶

**b** Each committee with authority to act on behalf of the governing body?

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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? . . . . . . . . . . . . . . . . . .

- 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, address, and telephone number of the person who possesses the organization's books and records ▶MARIA BEAMER 600 FIRST STREET SW MOUNT VERNON, IA 52314 (319) 895-4245

16b

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

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

### 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(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)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-M13C)	` Misc)	organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-M15C)	2/1099-MISC)	organization and related organizations	
See Additional Data Table											
1b Sub-Total						•					
<ul><li>c Total from continuation sheet</li><li>d Total (add lines 1b and 1c) .</li></ul>				•		<b>▶</b>		1,279,682	0	162,202	
2 Total number of individuals (ine \$100,000 of reportable compe	cluding but not l	limited t					e) wh			102,202	

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
			1 03	<b></b>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

# **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BON APPETIT	CAMPUS FOOD SERVICE	2,715,708
100 HAMILTON AVE 400 PALO ALTO, CA 94301		
MA MORTENSON COMPANY	GENERAL CONTRACTOR - DORM PROJECT	1,747,115
700 MEADOW LN N MINNEAPOLIS, MN 55422	PROJECT	
SOUTHEAST SERVICE CORPORATION	CAMPUS CLEANING SERVICE	943,308
1845 MIDPARK RD 201 KNOXVILLE, TN 37921		
PIPEPRO INC	PLUMBING, PIPEFITTING	345,047
6633 8TH ST SW CEDAR RAPIDS, IA 52404		
PER MAR SECURITY	CAMPUS SECURITY	218,838
510 1ST ST SW		

Yes

Form 99		15)						Page <b>9</b>
Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants smounts	b	Membership du	es <b>1b</b>					
Ę.	с	Fundraising eve	ents <b>1</b> c					
ifts. ar ∡	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) <b>1e</b>	463,345				
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and <b>1f</b>	6,436,833				
but		similar amounts no	ot included above		·			
a di	g	1a-1f \$	ons included in lines	407,209				
S E	h	Total. Add lines	s 1a-1f		6,900,178			
<del>j</del>				Business Code				
Ven	2a	TUITION AND FEES	<del></del>	611710	38,702,466	38,702,466		
ر غ	Ь	DINING		611710	4,530,636	4,530,636		
Program Service Revenue	C	RESIDENCE		611710	3,744,849	3,744,849		
	d e	EDUCATIONAL TRIESTUDENT ACTIVITIES		611710	542,927	542,927		
ram	f		am service revenue	611710	257,608	257,608		
₹og								
	g 3		s 2a-2f ome (including dividen		47,778,486	-		
		and other simila	aramounts)	•	358,676		16,707	341,969
	4		tment of tax-exempt bond	· · · . +				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	338,081	(II) I CISOIIdI				
	ь	Less rental	142,093					
		expenses Rental income	,					
	С	or (loss)	195,988		195,988			195,988
	d	Net rental incol	me or (loss)  (ı) Securities	▶ (II) Other	193,966			193,988
	7a	Gross amount from sales of assets other than inventory	22,244,066	(II) O thei				
	b c	Less cost or other basis and sales expenses Gain or (loss)	21,603,445 640,621					
	d	Net gain or (los	s)		640,621			640,621
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding  reported on line 1c)					
her	ı	1	a	42,157				
ŏ			penses <b>b</b> [loss) from fundraising	52,213	-10,056			-10,056
			rom gaming activities		·			
	ь	Less direct ex	penses b					
	с	Net income or (	loss) from gamıng actı	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo	wances .					
	ь	less cost of s	a oods sold b					
		_	(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	OTHER FEES		713940	45,068			45,068
	b	ATHLETICS		900099	41,739			41,739
	С	AID ADMINIS		900099	32,340			32,340
	d	All other revenu		<b>.</b>				
	e	Total. Add lines		•	119,147			
	12	lotal revenue.	See Instructions .	· · · · •	55,983,040	47,778,486	16,707	1,287,669

# Part IX Statement of Functional Expenses

Section	501(c)(3)	and 501(c)	(1) organizations must	complete all columns	All other organizations	must complete column (A)
section	201161621	and bullen	t4 Fordanizations must	complete all columns	A II OTHEL OLGANIZATIONS	. musi combiete column (A.)

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

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	· ·	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals See Part IV, line 22	21,831,233	21,831,233		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	718,955		520,367	198,588
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,057,804	12,799,097	1,149,165	1,109,542
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	924,982	798, <b>1</b> 46	81,751	45,085
9	Other employee benefits	1,413,832	1,190,337	144,733	78,762
10	Payroll taxes				
		1,184,978	971,682	142,197	71,099
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,978		14,978	
С	Accounting	77,893		77,893	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	82,290			82,290
f	Investment management fees	169,121		169,121	
g	Other (If line $11g$ amount exceeds $10\%$ of line $25$ , column (A) amount, list line $11g$ expenses on Schedule O)	386,403	256,133	132,694	-2,424
12	Advertising and promotion	1,002,743	771,553	56,907	174,283
13	Office expenses	1,258,750	872,272	276,717	109,761
14	Information technology	513,267	307,960	153,980	51,327
15	Royalties				
16	Occupancy	907,839	798,898	72,627	36,314
17	Travel	1,419,046	1,265,052	67,184	86,810
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	379,492	277,941	40,269	61,282
20	Interest	627,376	612,704	14,672	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,311,984	3,794,546	344,959	172,479
23	Insurance	510,171	306,103	153,051	51,017
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	DINING	3,123,728	3,123,728		
b	UTILITIES	1,239,584	1,090,834	99,167	49,583
c	CUSTO DIAL SERVICES	780,847	687,145	62,468	31,234
d	LIBRARY & AUDIO VISUAL	682,808	600,871	54,625	27,312
e	A II other expenses	1,133,368	1,030,798	102,570	
25	Total functional expenses. Add lines 1 through 24e	59,753,472	53,387,033	3,932,095	2,434,344
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)				

(B)

End of year

8.439.059

22,604,688

515,699

74,257 704,274

78,475,420

40,872,416

20,648,021

1,872,193

10 207 022

184,413,049

2.380.340

19 965 000

4.520.755

6.842.352

33,708,447

60,160,809

21,257,536

69,286,257

150,704,602

184,413,049 Form 990 (2015)

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(A)

Beginning of year

10.941.313

24,706,068

166,179

586,668

77,280,615

41,945,657

22,741,469

2,090,619

10 153 846

190,612,434

4.615.283

20 935 000

218,166

8,708,018

34,476,467

61,481,082

28,128,732

66,526,153

156,135,967

190,612,434

132 884 448

54,409,028

Form 990 (2015) O contains a response or note to any line in this Part X . . . .

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X	Bal	an	ce	Sł	1e	et

Part X	Balance	Shee
--------	---------	------

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10a

b

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Net Assets or Fund Balances

Balance	Sheet
Chack if S	chadula O

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

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

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

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

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

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**Total liabilities.**Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

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

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Accounts receivable, net . .

Ва	lance	She	et
Che	eck if S	Sched	ule C

55,983,040

59,753,472

-3,770,432

156,135,967

-2,796,400

1,135,467

No

Νo

150,704,602

XΙ	Reconcilliation	of	Net Assets	

	Check if Schedule O contains a response or note to any line in this Part XI							.	<b>✓</b>
_	Total revenue (revet court Dort VIII, column (A.) line (2.)								

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . Donated services and use of facilities .

Investment expenses

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both Separate basis Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both

✓ Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Consolidated basis

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

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

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

Both consolidated and separate basis

Cash ✓ Accrual Cother

Both consolidated and separate basis

2b

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9

10

2a

2c

3a

3b

Yes

Yes

Yes Form 990 (2015)

Yes

Yes

Software ID: Software Version:

**EIN:** 42-0680335

Name: CORNELL COLLEGE

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direc	ctor tors	s,T	rus	tees	, K	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours	Pos more pers	ition than on is	(do one bot	not box h an	checl (, unle office	ess er	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN D MCGRANE BOARD CHAIR	4 00	х		×				0	0	C
GILDA V BOYER CHAIR, ELECT, VICE CHAIR COLLEGE ADVANCEMENT	3 00	×		x				0	0	
THOMAS DURHAM CHAIR, GOVERNANCE COMMITTEE	3 00	х		х				0	0	(
MILDRED CARSTENSEN AT-LARGE	3 00	x		х				0	0	(
JEAN RUSSELL VICE CHAIR, ACADEMIC/STUDENT AFFAIRS	3 00	×		x				0	0	
LOREN HIRATZKA VICE CHAIR, ENROLLMENT & COMM POLICY	3 00	x		x				0	0	
LINDA KOEHN VICE CHAIR, BLDS & GROUNDS POLICY	3 00	х		x				0	0	(
FRANCES KAO VICE CHAIR, BUSINESS AFFAIRS POLICY	3 00	x		×				0	0	(
JOHN BICKEL TRUSTEE	1 00	x						0	0	(
ANDREW BRISCOE TRUSTEE	1 00	х						0	0	(

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					frus	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mi unles	sition iore t ss pe	(C) n (do than erso icer	not one in is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Forner		MISC)	organization and related organizations
PETER S BRYANT TRUSTEE	1 00	х						0	0	0
ALBERT CORNELISON TRUSTEE	1 00	х						0	0	0
STEVEN DEANGELES TRUSTEE	1 00	×						0	0	C
NEIL ECKLES TRUSTEE	1 00	×						0	0	0
MARICRUZ GUTIERREZ-VILLA TRUSTEE	1 00	×						0	0	C
ANGELICA HALL TRUSTEE	1 00	×						0	0	C
		$\overline{}$		T	1		$\overline{}$			

1 00

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KALISSA HOLDCRAFT

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

FRED HOLTZ

JEFFREY JENSEN

MAUREEN JOHNSON

.....

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus			(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 organizations		
JUDY JORGENSEN TRUSTEE	1 00	x						0	0	0		
TAYLOR KOCH TRUSTEE	1 00	x						0	0	0		
STUART LEHR TRUSTEE	1 00	×						0	0	0		
ROBERT MCLENNAN TRUSTEE	1 00	×						0	0	0		
EDWARD MEADS TRUSTEE	1 00	×						0	0	0		
PETER MORRIS TRUSTEE	1 00	X						0	0	0		

1 00

1 00

1 00

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JANENE PANFIL

JERRY N RINGER

SCOTT SIMMER

TRUSTEE

TRUSTEE

TRUSTEE

JOHN SMITH TRUSTEE

.....

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

22,194

21,655

23,933

20,413

161,262

176,936

158,077

158,427

compensated Employees, and Inde	pendent co.	i	,0013	•				I .	1	1	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	unles d	nore the ss pe office direct	than ersoi icer tor/t	not none on is and trust	stee)	an	organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldtue petastedtuoo tsetlõit	Former			and related organizations	
SHERYL ATKINSON STOLL TRUSTEE	1 00	x						0	0	0	
JAN THOMAS TRUSTEE	1 00	x						0	0	0	
JOHN TURNER TRUSTEE	1 00	x						0	0	0	
MAXINE URHEIM TRUSTEE	1 00	×						0	0	C	
RICHARD WILLIAMS TRUSTEE	1 00	×						0	0	C	
JONATHAN BRAND PRESIDENT	60 00			x				294,592	0	42,319	

50 00

50 00

50 00

50 00

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KAY LANGSETH

PAM GERARD

VP FOR ADVANCEMENT

VP FOR ACADEMIC AFFAIRS

RONALD JOE DIEKER

COLLEEN MURPHY

VP FOR ENROLLMENT

TREASURER/VP OF BUSINESS AFFAIRS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E)

A verage Position (do not check Reportable Reportable Reportable Compensation Compensation (A) (A) Name and Title

(F)

Estimated

195

	hours per week (list any hours for related organizations below dotted line)	unles	unless person is both an officer and a director/trustee)  Highest of employee institution or director.		compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations		
JOHN HARP VP FOR STUDENT AFFAIRS	50 00				X		116,533	0	17,493
PAUL GRAY PROFESSOR	50 00				X		108,294	0	14,000
JOEL MILLER	50 00								

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A** 

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

DLN: 93493054003027 OMB No 1545-004

Employer identification number

42-0680335

Treasury Internal Revenue Service Name of the organization CORNELL COLLEGE

(Form 990 or

990EZ)

Part I

✓

1

2

3

Department of the

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization A mount of Type of Is the organization A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

S	ection A. Public Support									
(or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	<b>(e)</b> 2	015	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	6,627,075	7,478,201	16,907,006	23,933,935	(	6,900,178	61,846,395		
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									
4	charge <b>Total.</b> Add lines 1 through 3	6,627,075	7,478,201	16,907,006	23,933,935		6,900,178	61,846,395		
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							11,386,326		
6	(f)  Public support. Subtract line 5 from line 4						-	50,460,069		
S	ection B. Total Support									
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 20	015	(f)Total		
(or 7	fiscal year beginning in) ► A mounts from line 4	6,627,075	7,478,201	16,907,006	23,933,935		5,900,178	61,846,395		
8	Gross income from interest,	5,62.7,67.6	7,170,201	10,507,000	20,500,500	602,985				
	dividends, payments received on securities loans, rents, royalties and income from similar sources	-949,126	541,250	552,182	612,824			1,360,115		
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	33,996	512,413	216,245	111,474		119,147	993,275		
11	Total support. Add lines 7 through 10							64,199,785		
12	Gross receipts from related activit	ies, etc (see ins	tructions)	L	L	12		242,491,543		
13	First five years.If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or fı	ıfth tax year as a s	ection !	501(c)(3)	organization,		
	check this box and <b>stop here</b>			<u></u>			.▶			
S	ection C. Computation of Pu									
14	Public support percentage for 201	•		11, column (f))		14		78 600 %		
15	Public support percentage for 201	•	•			15		76 470 %		
16a	<b>33 1/3% support test—2015.</b> If the	5		•	ine 14 is 33 1/3%	or more	, check th			
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2014.</b> If the	e organization did	I not check a box o	on line 13 or 16a,	and line 15 is 33	<b>1</b> /3% or	more, ch			
17a	box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.									
b	organization  10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza	ınızatıon meets tl	he "facts-and-cırc	umstances" test,	check this box an	d stop l	here.	<b>▶</b>		
18	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	<b>Total.</b> Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6 )	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and <b>stop here</b>	or the organization	on a mac, accond,	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · <del>-</del>	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	<b>33 1/3% support tests—2015.</b> If the	_					
	more than 33 1/3%, check this box						▶ [
D	<b>33 1/3% support tests—2014.</b> If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu <b>SEC</b>	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

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

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V)

	It of Part I, complete Sections A and C If you checked It complete Sections A, D, and E If yo I, complete Sections A and D, and complete Part V )	u cnec	кеатт	аогра
Se	ection A. All Supporting Organizations			
	11 2 2		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	1		ı
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	al.		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?	<b>4</b> c		
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	<b>5</b> b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	<b>11</b> b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

## Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2		[	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions			
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		····	····
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
			(F 000 000 F7) (201 F

<u></u>	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER	MISCELLANEOUS INCOME - 2011 AMOUNT \$ 33,996 2012 AMOUNT \$ 512,413 2013 AMOUNT \$ 216,245 2014 AMOUNT \$ 111,474 2015 AMOUNT \$ 119,147

INCOME

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SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493054003027

Department of the ► Attach to Form 990. Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization CORNELL COLLEGE 42-0680335 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	(continued)	aintaining	Collections of A	Art, His	storio	cal Tr	easures, or	Other Simila	ar Ass	ets		
3	Using the organization's acq collection items (check all th		ession, and other red	cords, cl	heck a	ny of t	he following that	are a significai	nt use o	of its		
а		ide appiy)		d		Loan	or exchange pro	grams				
ь	Scholarly research			e		Othe	r					
c	<u> </u>	aanarations										
4	Preservation for future of Provide a description of the of	-	's collections and av	nlain ho	w thou	furtho	r the organizatio	n's avamnt nur	noco in			
*	Part XIII	organizacion	s collections and ex	ріані по	willey	Turtile	i the organizatio	irs exempt pur	pose iii			
5	During the year, did the orga assets to be sold to raise fur							_	_ Yes	□No		
Pa	Complete if the org Part X, line 21.	odial Arra	ingements.									
1a	Is the organization an agent, included on Form 990, Part )		stodian or other inter	rmediary	for co	ontribui	tions or other as	_	Yes	┌ No	)	
b	If "Yes," explain the arran	igement in P	art XIII and complet	te the fo	llowing	table :			Amount			
c	Beginning balance						10	:				
d	Additions during the year						10	i				
e	Distributions during the ye	ear					16	•				
f	Ending balance						11	:				
<b>2</b> a	Did the organization include	an amount o	n Form 990, Part X,	line 21,	for es	crow o	r custodial accoi	unt liability?	_ Yes	┌ No	)	
b Pa	If "Yes," explain the arrange											
			(a)Current year		or year		(c)Two years back	(d)Three years b		<b>e)</b> Four ye	ars back	
1a	Beginning of year balance .		74,517,007		73,773,:	269	66,999,430	63,666	,636	6!	5,046,494	
b	Contributions		2,662,491		1,879,	704	2,022,993	2,087	,182		245,098	
c	Net investment earnings, ga losses	ins, and	-2,174,730		1,857,	345	7,503,131	3,898	,357		761,164	
d	'	_										
е	O ther expenditures for facility and programs	ties	3,962,224		2,993,	311	2,752,285	2,652	,745	:	2,386,120	
f	Administrative expenses .		116,410									
g	End of year balance		70,926,134	•	74,5 <b>1</b> 7,0	007	73,773,269	66,999	,430	6:	3,666,636	
2	Provide the estimated perce	ntage of the		ance (Iır	ne 1g,	colum	n (a)) held as					
а			4 720 %									
b	Permanent endowment <b>&gt;</b>	91 600 %										
С	· - · · · · · · · · · · · · · · · · · ·		3 680 %									
3a	The percentages on lines 2a  Are there endowment funds r	•	•	nization	that a	ro hold	and administers	od for the				
Ja	organization by	lot ill the po	ssession of the orga	mzation	tilat a	re neiu	and administere	ed for the		Yes	No	
	(i) unrelated organizations								3a(i)		Νo	
L	(ii) related organizations .								3a(ii)	)	No	
ь 4	If "Yes" on 3a(II), are the rel  Describe in Part XIII the into	_							. 3b		<u> </u>	
	rt VI Land, Buildings,											
	Complete if the org		answered 'Yes' to	Form 9			<u>'                                    </u>					
	Description of pr	operty		Co	<b>(a</b> est or ot (investi	her bası:	( <b>b</b> ) s Cost or other ba (other)	Accumulated (c)depreciation		( <b>d)</b> Boo	k value	
<b>1</b> a	Land					100,00	0 3,541,	215			3,641,215	
b	Buildings • • • • • • • •				2	2,999,49	2 109,777,	513 42,5	81,860	7(	0,195,245	
	Leasehold improvements .			•					$\longrightarrow$			
	Equipment			•			15,269,	436 11,8	27,168		3,442,268	
е	Other						1,196,	592			<b>1,1</b> 96,692	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

78,475,420

	See Form 990, Part X, line 12.  (a) Description of security or catego	ry	(b)Book value	(c)Method of valuation
(1)Financi	(including name of security) lal derivatives			Cost or end-of-year market value
(2)Closely	y-held equity interests			
( <b>3)</b> O ther (A) HEDG	E FUND		11,474,771	F
(B) NATUI	RAL RESOURCE FUND		982,576	F
(C) PRIVA	TE EQUITY FUND		3,200,738	F
(D) REIT			4,984,812	F
(E) OTHE	R		5,124	F
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	20,648,021	
Part VII	Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 990.	Part IV. line 110.coo	Form 000 Part V line 12
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	mn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organiza	tion answered 'Yes' on Fi	orm 990, Part IV, line 11	ld See Form 990, Part X, line 15
(1) ASSET	(a) Des	scription		<b>(b)</b> Book value 4,432,006
(2) UNITR	USTS			1,775,643
(4) CSV L	RACTS AND MISC IFE INSURANCE			10,342 3,703,813
(5) BOND	ISSUANCE COSTS, NET			285,218
<b>-</b>	(1)			
Part X	umn (b) must equal Form 990, Part X, col (B) lin  Other Liabilities. Complete if the oi	<u> </u>	'Yes' on Form 990, Pa	
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book value		
	aoma tayon			
	come taxes			
US GOVE	RNMENT LOANS, REFUNDABLE	870,3	35	
STUDENT	TUITION PAID IN ADVANCE	172,5	98	
ANNUITI	ES PAYABLE	925,8	63	
LIFE-INC	OME PAYABLE	904,9	50	
CONTRAC	CT ADVANCES	3,539,7	9 5	
ASSET RE	TIREMENT OBLIGATION	428,8	11	
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25 )	▶ 6,842,3	5 2	
LIFE-INC CONTRAC ASSET RE Total. (Colu 2. Liability	OME PAYABLE  ET ADVANCES  ETIREMENT OBLIGATION	904,9 3,539,7 428,8  6,842,3  vide the text of the footnets	50 95 11 52 ote to the organization's	

Schedule D (Form 990) 2015

1

2

information

PART V, LINE 4

Return Reference

31,266,086

а	Net unrealized gains (losses) on investments 2a -2,796,40		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	1	
e	Add lines 2a through 2d	2e	-2,602,094
3	Subtract line <b>2e</b> from line <b>1</b>	3	33,868,180
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 169,12	ι	
b	Other (Describe in Part XIII ) 4b 21,945,73	9	
c	Add lines <b>4a</b> and <b>4b</b>	4c	22,114,860
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	55,983,040
Part	Reconciliation of Expenses per Audited Financial Statements With Expens Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per	Return.
1	Total expenses and losses per audited financial statements	1	36,697,451
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments	3	
c	Other losses	7	
d	Other (Describe in Part XIII )	6	
e	Add lines 2a through 2d	2e	-1,055,667
3	Subtract line <b>2e</b> from line <b>1</b>	3	37,753,118
4	A mounts 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	1	
b	Other (Describe in Part XIII )	3	
	Add lines <b>4a</b> and <b>4b</b>	4c	22,000,354
c			

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

BY THE 2008 IOWA LEGISLATURE

Explanation

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

2a

-2.796.400

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

Total revenue, gains, and other support per audited financial statements .

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

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIII Supplemental	Information (continued)
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 142,093 SPECIAL EVENT EXPENSES 52,213
PART XI, LINE 4B - OTHER ADJUSTMENTS	ACTUARIAL ADJUSTMENT 114,506 SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 21,831,233
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE 142,093 SPECIAL EVENT EXPENSES 52,213
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 21,831,233

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E** 

DLN: 93493054003027

# **Schools**

OMB No 1545-0047

**Inspection** 

Open to Public

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," 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? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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? 5a Νo **b** Admissions policies? 5b Nο **5**c c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b 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

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
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
COLUMN E E DA DEL LINIE O	

SCHEDULE E, PART I, LINE 6 THE COLLEGE RECEIVES FEDERAL AND STATE GRANTS

Page 2

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -	DLN	l: 93493054003027		
	Statement of Activities Outside the United States						
(Form 990)  Department of the Treasury Internal Revenue Service  ► Informat	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. and its instructions is at w		2015  Open to Public Inspection			
Name of the organization CORNELL COLLEGE					Employer identification number 42-0680335		
Part I General Information Complete if the organ				14b.			
<ol> <li>For grantmakers. Does the and other assistance, the grused to award the grants or</li> <li>For grantmakers. Describe assistance outside the Unite</li> <li>Activites per Region (The follows)</li> </ol>	antees' eligibil assistance? In Part V the oi d States	lity for the grai	nts or assistance, and rocedures for monitori	the selection criteria	Yes No		
		I	1	· · · · · · · · · · · · · · · · · · ·			
(a) Region	(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) i program service, describe specific type of service(s) in region			
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
Sa Sub-total     D Total from continuation sheets     to Part I	0	-			12,276,773		
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	0 the Instructions		I	No 50082W <b>Sch</b>	12,276,773 edule F (Form 990) 2015		

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV , appraisal, other)
(1)							
( 2)							
(3)							
(4)							

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 . . . . . ▶

Schedule F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015							Page <b>3</b>
	ther Assistance duplicated if addit			red States. Complete	if the organization ar	answered "Yes" to Form 9	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	[	+ +	-	†			applaisal, other)
(2)		+ +					
(3)		+		-			
(4)		+ +					
(5)		+ +		-			
(6)				-			
(7)				-			
(8)						<u> </u>	
(9)		+					
(10)		+ +					
(11)							<del>                                     </del>
( 12)							<del>                                     </del>
( 13)		+					
(14)		+					<del>                                     </del>
( 15)							<del> </del>

(4)				
( 5)				
( 6)				
(7)				
( 8)				
(9)				
(10)				
(11)				
( 12)				
( 13)				
(14)				

(16) (17) (18)

√ Yes 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

(see Instructions for Form 8865)

▽ Did the organization have any operations in or related to any boycotting countries during the tax year? If

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

5713, do not file with Form 990) Yes Nο

Nο

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

## this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I. LINE 3	ACCRUAL

#### **Additional Data**

EAST ASIA & THE

PACIFIC

Software ID: Software Version:

**EIN:** 42-0680335

Name: CORNELL COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA &	0	0		STUDY ABROAD	106,644

PROGRAM SERVICES

STUDY ABROAD

PROGRAM

121,188

	region	agents in region	type) (i e , fundraising, program services, grants to recipients located in the region)	service, describe specific type of service (s) in region	
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	106,644
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD PROGRAM	65,510

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (f) Total expenditures offices in the employees or in region (by type) (i.e., (d) is a program for region fundraising, program service, describe agents in region specific type of service region services, grants to recipients located in the (s) in region region) SOUTH AMERICA PROGRAM SERVICES STUDY ABROAD 51,657 IPRO GRAM SUB-SAHARAN AFRICA PROGRAM SERVICES ISTUDY ABROAD 45,836 IPRO GRAM

IINVESTMENTS

IN/A

11,885,938

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

CENTRAL AMERICA AND

THE CARIBBEAN

DLN: 93493054003027

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

		42-0680335
Part I	Fundraising Activities. Complete if the organization answered "Yes" on Form	990. Part IV. line 17.

- Form 990-EZ filers are not required to complete this part.
- - ✓ Internet and email solicitations f ✓ Solicitation of government grants
- c 🔽 Phone solicitations g 🔽 Special fundraising events
- d 🔽 In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 

  TYES No
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No													
1 GRENZEBACH GLIER & ASSOCIATES PO BOX 88277 CHICAGO, IL 60680	CAMPAIGN FEASABILITY STUDY		No	0	82,290	-82,290										
2																
3																
4																
5																
6																
7																
8																
9																
10																
Total	1		<b></b>		82,290	-82,290										

3	List all states in which the organization is	registered o	or licensed	to solicit	contributions	or has	been notified	ıt ıs	exempt	from
	registration or licensing									

Part II	Fundraising	Events

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d)
		GOLF OUTING	HOMECOMING		Total events (add col (a) through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
Revenue	1 Gross receipts	24,719	17,438		42,157
~	2 Less Contributions				
	Gross income (line 1 minus	24,719	17,438		42,157
	<b>4</b> Cash prizes		0		
	<b>5</b> Noncash prizes	2,618	0		2,618
S	6 Rent/facility costs	3,275	5,624		8,899
use	<b>7</b> Food and beverages	2,867	22,558		25,425
Expenses	8 Entertainment	1,637	4,772		6,409
	9 Other direct expenses	3,081	5,781		8,862
Direct	10 Direct expense summary Add lines 4	through 9 in column (d	)		52,213
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)		-10,056
Pai	<b>Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
uses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	<b>6</b> Volunteer labor	│ Yes%	├ Yes <u> </u>	☐ Yes         %           ☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (c	i)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	lumn (d)		
9 a	Enter the state(s) in which the organizat				YesNo
b	If "No," explain				
10~	Were any of the organization's gaming li				
<b>LOa</b> b	If "Yes," explain		naea or terminatea auring	, the tax year	Yes No

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Employer identification number

DLN: 93493054003027

Open to Public Inspection

000000							
CORNELL COLLEGE						42-0680335	
Part I General Information	on on Grants an	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to at</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or a	ssistance?				stance, and	✓ Yes N
Part II Grants and Other Assistant that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 or assistance

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					
(1) EDUCATION - TUITION REMISSION	26	760,412		N/A	N/A					
(2) EDUCATION - SEOG GRANTS	332	174,856		N/A	N/A					
(3) EDUCATION - GENERAL GRANTS	654	5,484,087		N/A	N/A					
EDUCATION - INTERNATIONAL (4) SCHOLARSHIPS	1	38,475		N/A	N/A					
(5) ENDOWED AND OTHER SCHOLARSHIPS	942	15,373,403		N/A	N/A					
		<del>                                     </del>								
	1									
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										

Part IV Supplem	ental Informat	t <b>ion.</b> Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanati	on				
PART I, LINE 2  CORNELL MONITORS ALL GRANT RESOURCES THROUGH FEDERAL, STATE, AND INSTITUTIONAL AUDITS AS WELL AS FEDERAL, STATE, AND INTERNAL POLICY AND PROCEDURES AS WELL AS 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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Schedule J (Form 990)

**Compensation Information** 

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

DLN: 93493054003027 OMB No 1545-0047

reas	sury nal Revenue Service	F Information about Schedule 3 (1)	JIIII 330,	and its instructions is at www.irs.	<u>qov7101111990</u> .	Insp	ectio	n
Na	me of the organiz	I zation			Employer identifica	tion nu	mber	
COF	RNELL COLLEGE				42-0680335			
Pa	Irt I Questi	ons Regarding Compensatior	1					
	<u> </u>						Yes	No
1a		opiate box(es) if the organization pro Section A , line 1a Complete Part III						
	First-clas	s or charter travel	<b>√</b>	Housing allowance or residence fo	r personal use			
	▼ Travel for	companions		Payments for business use of pers	onal residence			ļ
	Tax idemr	nification and gross-up payments		Health or social club dues or initia	tion fees			ļ
	Discretion	nary spending account	Г	Personal services (e g , maid, chai	ıffeur, chef)		 	 
b		xes in line 1a are checked, did the org or provision of all of the expenses de				1b	Yes	
2	-	ation require substantiation prior to re ees, officers, including the CEO/Exec		· · · · · · · · · · · · · · · · · · ·		2	Yes	
3	organization's (	, if any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	at apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	<b>√</b>	Written employment contract				
	Independe	ent compensation consultant	<b>√</b>	Compensation survey or study				
	Form 990	of other organizations	<b>✓</b>	Approval by the board or compens	ation committee			
4	During the year or a related org	r, did any person listed on Form 990, anization	Part VII	1, Section A, line 1a with respect to	the filing organizatio	n		
а	Receive a seve	rance payment or change-of-control	payment	t?		4a		Νo
b	Participate in, o	or receive payment from, a supplemer	ntal nond	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item i	n Part III			
		, 501(c)(4), and 501(c)(29) organizat		•				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				5a		Νo
b	Any related org	•				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization	on?				6a		Νo
b	Any related org	ganization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7	,	ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d	•		n-fixed	7		No
8	•	ints reported on Form 990, Part VII, printial contract exception described in		•		8		No
	If   Voo   on los-	9 did the organization also follow the	a rab++-	able procumption procedure desemb	od in Dogulations		t	

section 53 4958-6(c)?

(ii)

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

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(u1) 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	fW-2 and/or 1099-MIS	3C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 JONATHAN BRAND PRESIDENT	(i)	293,351	0	1,241	22,641	19,678	336,911	0
	(ii)	0	0	0	0	0	0	0
2 KAY LANGSETH TREASURER/VP OF BUSINESS	(i)	160,408	0	854	12,410	9,784	183,456	0
AFFAIRS	(ii)	0	0	0	0	0	0	0
3 PAM GERARD VP FOR ADVANCEMENT	(i)	173,937	0	2,999	13,316	8,339	198,591	0
	(ii)	0	0	0	0	0	0	0
4 RONALD JOE DIEKER VP FOR ACADEMIC AFFAIRS	(i)	157,527	0	550	12,180	11,753	182,010	0
	(ii)	0	0	0	0	0	0	0
5 COLLEEN MURPHY VP FOR ENROLLMENT	(i)	157,897	0	530	12,063	8,350	178,840	0
	-   '	1 0	,,	1	,	1		

Schedule J (Form 990) 2015									
Part III Supplemental Information									
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									
1									
Return Reference	Explanation								

Schedule J (Form 990) 2015

PRESIDENT'S HOME WHICH IS OWNED BY THE COLLEGE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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

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

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990.

2015

Schedule K (Form 990) 2015

DLN: 93493054003027 OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number CORNELL COLLEGE 42-0680335 Part I **Bond Issues** (c) CUSIP # (g) Defeased (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No IOWA HIGHER EDUCATION 42-1235696 07-23-2013 22,990,000 | SEE PART VI Х Х Х LOAN AUTHORITY **Proceeds** Part II С D 3,025,000 2 Total proceeds of issue 3 22,990,405 5 6 Issuance costs from proceeds . . . . . . . . . . . . . . . . . . 269,268 8 9 10 9,024,193 11 13,696,944 12 13 2014 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х

Х

Cat No 50193E

				١		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	siness use	Х								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other										
prope	counsel to review any management or service contracts relating to the financerty?	ed	Х								
С	Are there any research agreements that may result in private business use of financed property?	f bond-		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?	her outside									
4	Enter the percentage of financed property used in a private business use by e other than a section $501(c)(3)$ organization or a state or local government .		0 %								
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection		0 %							
6	Total of lines 4 and 5			0 %							
7	Does the bond issue meet the private security or payment test?			Х							
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 issued?		х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of									
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	ctions									
9	Has the organization established written procedures to ensure that all nonqua bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	lıfıed	Х								
Par	IV Arbitrage										
	<del></del>	А			В		С		D		
		Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×								
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?	Х									
b	Exception to rebate?		Х								
с	No rebate due?		Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•		•				
3	Is the bond issue a variable rate issue?		Χ								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х								
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										

D

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds contract (GIC)?	invested in a guaranteed investment		х						
b	Name of provider .									
С	Term of GIC									
d		afe harbor for establishing the fair market sfied?								
6	Were any gross proce period?	eeds invested beyond an available temporary		х						
7		established written procedures to monitor ection 148?	×							
Pa	rt V Procedures	To Undertake Corrective Action			_				_	
	_			A B		С		D		
			Yes	No	Yes	No	Yes	No	Yes	No
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?										
Pä	art VI Suppleme	ental Information. Provide additional inform	ation for resp	onses to qu	estions on S	chedule K (s	ee instructio	ns).	•	
	Return Reference		Explanation							
	EDULE K, PART I, UMN (F)	(I) REFUNDING THE IOWA HIGHER EDUCATION REVENUE BONDS (CORNELL COLLEGE PROJECT 24, 2006, (II) REFUNDING THE IOWA HIGHER FACILITY REVENUE AND REFUNDING BONDS ORIGINALLY ISSUED ON JUNE 20, 2008, AND ADDITION TO THOMAS COMMONS, RENOVAT ADDITIONS TO BOWMAN-CARTER HALL AND TURF	CT), SERIES 20 EDUCATION I (CORNELL CO (III) THE CON TION OF OLIN	006 ORIGINA LOAN AUTHO LLEGE PROJE ISTRUCTION HALL, TECHI	LLY ISSUED PRITY PRIVAT ECT), SERIES AND EQUIPI NOLOGY UPG	ON OCTOBER TE COLLEGE 2008 PING OF AN RADES,				

Α

В

С

Return Reference	Explanation
SCHEDULE	INCLUDES
K, PART II,	INVESTMENT
LINE 3	EARNINGS

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**Noncash Contributions** 

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

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

DLN: 93493054003027 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Inte

(Form 990)

asury emal Revenue Service		
me of the organizatio	n I	Employer ide

ntification number Na CORNELL COLLEGE 42-0680335 Types of Property Part I (b) (d) (a) (c) Check Number of contributions Method of determining Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **1** g 1 Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . . 6 Cars and other vehicles . . Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 41 407,209 AVERAGE SHARE PRICE 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 . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ ( \_\_ **26** Other ▶ ( \_\_\_\_\_) **27** Other ▶ ( \_\_\_\_\_\_ **28** Other ▶ ( \_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Νo **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes

contributions? . . . . . . . . .

b If "Yes," describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

PART I. COLUMN (B) COLUMN (B) REPORTS THE NUMBER OF TIMES DONORS CONTRIBUTED STOCK/SECURITIES

OF ONE OR MORE TYPES DURING THE TAX YEAR



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Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493054003027

Employer identification number

42-0680335

Department of the

Internal Revenue Service

Name of the organization CORNELL COLLEGE

Return Reference

Treasurv

990 Schedule O, Supplemental Information

Explanation THE FORM 990 IS REVIEWED IN DETAIL BY THE BUSINESS AFFAIRS COMMITTEE OF THE BOARD. THE FORM 990 IS FORM 990, PART VI, FINALIZED AND POSTED TO THE CORNELL COLLEGE SECURED BOARD WEBSITE AND MADE AVAILABLE FOR SECTION B, LINE 11 REVIEW BY EACH MEMBER PRIOR TO FILING WITH THE IRS FORM 990, PART VI, EACH YEAR A CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH BOARD MEMBER THEY ARE REQ. UIRED TO COMPLETE THIS FORM AND RETURN IT TO CORNELL IN THE PERIOD BETWEEN THE FILING OF SECTION B, LINE 12C THE ANNUAL FORMS, IF AN INDIVIDUAL COVERED BY THIS POLICY BELIEVES THAT HE/SHE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO THE POLICY. HE/SHE SHALL IMMEDIA TELY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE PRESIDENT OF THE COLLEGE IN WRITING. AND SHALL REFRAIN FROM PARTICIPATING IN ANY TRANSACTIONS OR DECISIONS OF ANY ACTUAL OR PO

T MAY INVOLVE THE POTENTIAL OR ACTUAL CONFLICT OF INTEREST

TENTIAL ETHICAL, LEGAL, FINANCIAL OR OTHER CONFLICTS OF INTEREST INVOLVING THE COLLEGE THA

990 Schedule O, Supplemental Information
Return

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 2015 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, COMPENSATION AND BENEFITS COORDINATOR, AND EMPLOY EE RELATIONS COORDINATOR) 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 2015
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

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART XI, LINE 9 ACTUARIAL ADJUSTMENT -114.506 CHANGE IN SEVERANCE PLAN 1.249.973

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

DLN: 93493054003027
OMB No 1545-0047

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

42-0680335

Department of the Treasury
Internal Revenue Service
Name of the organization

CORNELL COLLEGE

(Form 990)

► Attach to Form 990. ► Information ab

Information about Schedule R (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (c) (f) (e) End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	( <b>b</b> ) Primary activity	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		<b>(k)</b> Percentage ownership
			3147			Yes	No		Yes	No									
										$\vdash$									
			-																
										$\vdash$									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
CHARITABLE REMAINDER (1)UNITRUSTS (7)	INVESTMENTS	IA	CORNELL COLLEGE	T				Yes	
CHARITABLE REMAINDER (2)ANNUITY TRUSTS (28)	INVESTMENTS	IA	CORNELL COLLEGE	Т				Yes	

chedule R (Form 990) 2015					Pag	ge <b>3</b>			
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No			
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No			
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No			
<b>h</b> Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
• Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete				5					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining ar	mount II	nvolved				

#### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	d-of-year   allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner? e		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	
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