

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** 06/01, 2016, and ending 05/31, 2017

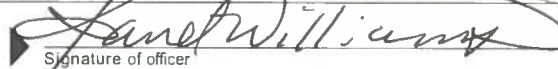
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ITHACA COLLEGE <b>Doing business as</b>		<b>D Employer identification number</b> 15-0532204
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b> 953 DANBY ROAD	<b>Room/suite</b>	<b>E Telephone number</b> (607) 274-3118
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> ITHACA, NY 14850		<b>G Gross receipts \$</b> 653,524,077
	<b>F Name and address of principal officer:</b> SHIRLEY M. COLLADO 953 DANBY ROAD ITHACA, NY 14850		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ WWW.ITHACA.EDU <b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1892 <b>M State of legal domicile:</b> NY	


**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, THE COLLEGE IS DEDICATED TO FOSTERING INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	25	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	21	
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5,407	
	<b>6</b>	Total number of volunteers (estimate if necessary)	21	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	237,261	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 11,918,471 / Current Year: 13,413,345	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	341,085,473 / 342,820,417	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,457,755 / 7,041,201	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	277,163 / 1,608,970	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	360,738,862 / 364,883,933	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	116,949,108 / 122,189,560
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0 / 0
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	131,376,055 / 136,325,158
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0 / 0
		<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	3,426,067
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,784,106 / 88,674,517		
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	335,109,269 / 347,189,235		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	25,629,593 / 17,694,698		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 781,142,672 / End of Year: 825,272,956	
	<b>21</b>	Total liabilities (Part X, line 26)	229,449,408 / 223,217,908	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	551,693,264 / 602,055,048	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	2/27/18 Date
	JANET WILLIAMS, VP FIN & ADMIN Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 2/23/18	Check <input type="checkbox"/> if self-employed PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP		Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2015		Phone no. 212-599-0100	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 216,309,861. including grants of \$ 121,983,001. ) (Revenue \$ 275,862,281. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 41,423,821. including grants of \$ 160,134. ) (Revenue \$ 65,190,180. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 27,511,095. including grants of \$ 46,425. ) (Revenue \$ 1,767,956. )

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)

(Expenses \$ 21,120,658. including grants of ) (Revenue \$ 0. )

4e Total program service expenses ▶ 306,365,435.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 700J.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JANET WILLIAMS, INTERIM VP FINANCE & ADMIN, 953 DANBY RD ITHACA, NY 14850 607-274-3118

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS H. GRAPE CHAIR, BOARD OF TRUSTEES	1.00 0.	X		X				0.	0.	0.
(2) DAVID H. LISSY VICE CHAIR, BOARD OF TRUSTEES	1.00 0.	X		X				0.	0.	0.
(3) DAVID J. BACHRACH TRUSTEE	1.00 0.	X						0.	0.	0.
(4) MICHAEL A. BATTLE TRUSTEE	1.00 0.	X						0.	0.	0.
(5) MICHAEL J. CONOVER TRUSTEE	1.00 0.	X						0.	0.	0.
(6) MARK N. DICKER TRUSTEE	1.00 0.	X						0.	0.	0.
(7) THADDEUS J. FORTIN TRUSTEE	1.00 0.	X						0.	0.	0.
(8) DAVID A. GIANNOTTI TRUSTEE	1.00 0.	X						0.	0.	0.
(9) ADELAIDE P. GOMER TRUSTEE (THRU 5/17)	1.00 0.	X						0.	0.	0.
(10) STEPHEN C. MCCLUSKI TRUSTEE (THRU 5/17)	1.00 0.	X						0.	0.	0.
(11) JAMES W. NOLAN, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(12) KENNETH D. POLLINGER TRUSTEE	1.00 0.	X						0.	0.	0.
(13) LISA B. PUNTILLO TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ARRIEN L. C. SCHILTKAMP TRUSTEE (THRU 5/17)	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) DOUGLAS M. WEISMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 16) MARY G. OPPERMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 17) PETER R. TAFFAE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 18) ELIJAH T. GREENE TRUSTEE, STUDENT	1.00 0.	X					0.	0.	0.	
( 19) THOMAS R. ROCHON PRESIDENT	40.00 0.	X		X			941,575.	0.	189,332.	
( 20) SYBIL M. CONRAD TRUSTEE, STAFF	40.00 0.	X					56,561.	0.	14,772.	
( 21) JULIE A. DORSEY TRUSTEE, FACULTY	40.00 0.	X					82,054.	0.	21,229.	
( 22) NANCY E. PRINGLE (NON-VOTING) SECRETARY, SENIOR VP, GC	40.00 0.	X		X			239,301.	0.	79,057.	
( 23) KURT J. WOLFGRUBER TRUSTEE (THRU 5/17)	1.00 0.	X					0.	0.	0.	
( 24) KRISTIN R. MUENZEN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 25) CHARLES R. HACK TRUSTEE	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							4,318,186.	0.	685,055.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							4,318,186.	0.	685,055.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 137

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** 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
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 57



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) G. GABRIELLE STARR TRUSTEE	1.00 0.	X					0.	0.	0.	
27) BENJAMIN G. RIFKIN, PROVOST & VP EDU. AFFAIRS (THRU 7/16)	40.00 0.			X			252,066.	0.	25,802.	
28) LINDA PETROSINO, INTERIM VP EDUCATIONAL AFFAIRS & PROVOST	40.00 0.			X			203,605.	0.	31,485.	
29) CHRISTOPHER M. BIEHN VP INSTITUTIONAL ADVANCEMENT	40.00 0.			X			248,274.	0.	36,583.	
30) GERARD R. TURBIDE VP ENROLLMENT MANAGEMENT	40.00 0.			X			167,050.	0.	24,688.	
31) GERALD L. HECTOR VP FINANCE & ADMIN (THRU 7/16)	40.00 0.			X			174,413.	0.	8,823.	
32) JANET L. WILLIAMS INTERIM VP FINANCE & ADMIN.	40.00 0.			X			149,528.	0.	12,512.	
33) BRIAN K. DICKENS VP HUMAN RESOURCES	40.00 0.			X			248,251.	0.	10,292.	
34) TIMOTHY R. CAREY ASSO. VICE PRESIDENT, FACILITY	40.00 0.				X		216,432.	0.	19,912.	
35) DIANE M. GAYESKI DEAN, SCHOOL OF COMMUNICATIONS	40.00 0.				X		191,295.	0.	26,670.	
36) SEAN F. REID DEAN, SCHOOL OF BUSINESS	40.00 0.				X		306,443.	0.	67,633.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 137

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	8,200.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	3,393,575.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	10,011,570.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,736,777.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			13,413,345.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b> TUITION & FEES			900099	272,060,285.	272,060,285.			
<b>b</b> ROOM & BOARD			721310	63,955,059.	63,955,059.			
<b>c</b> ANCILLARY STUDENT SERVICES/ACTIVITIES			611710	3,801,996.	3,801,736.	260.		
<b>d</b> STUDENT INSURANCE			900099	1,620,659.	1,620,659.			
<b>e</b> PARKING SERVICES			900099	617,538.			617,538.	
<b>f</b> All other program service revenue . . . . .				764,880.		268,958.	495,922.	
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				342,820,417.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			6,969,637.		-58,566.	7,028,203.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			51,643.			51,643.	
	<b>6a</b> Gross rents . . . . .	(i) Real	69,070.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		69,070.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			69,070.		26,609.	42,461.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	286,721,217.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		286,649,653.				
		<b>c</b> Gain or (loss) . . . . .		71,564.				
	<b>d</b> Net gain or (loss) . . . . . ▶			71,564.			71,564.	
	<b>8a</b> Gross income from fundraising events (not including \$ 8,200. of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		25,677.					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>		7,939.				
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				17,738.			17,738.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>		0.						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>		0.					
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		2,983,960.						
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		1,982,552.					
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			1,001,408.	1,001,408.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> REBATES & REFUNDS		900004	206,643.			206,643.		
<b>b</b> COMMISSIONS		900004	80,939.			80,939.		
<b>c</b> DORMITORY FINES & REPAIR FEES		900004	73,621.			73,621.		
<b>d</b> All other revenue . . . . .		900004	107,908.			107,908.		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			469,111.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			364,883,933.	342,439,147.	237,261.	8,794,180.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	347,371.	347,371.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	118,599,064.	118,599,064.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	3,243,125.	3,243,125.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,744,966.	834,592.	2,583,116.	327,258.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	101,454,546.	85,368,233.	14,255,419.	1,830,894.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,037,557.	5,788,586.	1,248,971.	
9 Other employee benefits . . . . .	17,038,371.	13,485,800.	2,909,756.	642,815.
10 Payroll taxes . . . . .	7,049,718.	5,798,589.	1,251,129.	
11 Fees for services (non-employees):				
a Management . . . . .	503,600.	503,600.		
b Legal . . . . .	419,747.	6,474.	413,273.	
c Accounting . . . . .	124,940.		124,940.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	1,095,868.		1,095,868.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	21,765,443.	18,628,792.	3,081,219.	55,432.
12 Advertising and promotion . . . . .	460,047.	219,164.	240,580.	303.
13 Office expenses . . . . .	7,115,080.	5,133,419.	1,695,807.	285,854.
14 Information technology . . . . .	8,285,652.	5,460,957.	2,767,175.	57,520.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	6,526,746.	6,094,741.	432,005.	
17 Travel . . . . .	5,015,946.	4,329,019.	542,898.	144,029.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	1,189,567.	435,374.	692,751.	61,442.
20 Interest . . . . .	7,042,904.	7,042,904.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	21,544,723.	19,860,070.	1,684,653.	
23 Insurance . . . . .	2,530,888.	1,694,499.	836,389.	
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 REPAIRS & MAINTENANCE	1,995,809.	1,450,820.	544,273.	716.
b RECRUITING	865,820.	340,599.	524,935.	286.
c TAXES, LICENSES, & PERMITS	758,419.	737,675.	19,840.	904.
d COST OF GOODS SOLD	636,739.	501,972.	134,767.	
e All other expenses	796,579.	459,996.	317,969.	18,614.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>347,189,235.</b>	<b>306,365,435.</b>	<b>37,397,733.</b>	<b>3,426,067.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	31,022.	<b>1</b>	31,225.
	<b>2</b> Savings and temporary cash investments . . . . .	12,079,279.	<b>2</b>	33,747,004.
	<b>3</b> Pledges and grants receivable, net . . . . .	4,538,313.	<b>3</b>	4,341,799.
	<b>4</b> Accounts receivable, net . . . . .	2,434,552.	<b>4</b>	2,630,594.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	9,650,542.	<b>7</b>	9,704,254.
	<b>8</b> Inventories for sale or use . . . . .	872,442.	<b>8</b>	757,591.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,304,616.	<b>9</b>	2,366,486.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 632,952,127.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 260,400,460.		
	<b>11</b> Investments - publicly traded securities . . . . .	367,246,375.	<b>10c</b>	372,551,667.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	180,572,736.	<b>11</b>	177,755,849.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	200,777,060.	<b>12</b>	221,386,487.
	<b>14</b> Intangible assets . . . . .	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>14</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	635,735.	<b>15</b>	0.	
	781,142,672.	<b>16</b>	825,272,956.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25,849,210.	<b>17</b>	30,537,278.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	7,770,376.	<b>19</b>	7,343,242.
	<b>20</b> Tax-exempt bond liabilities . . . . .	132,467,183.	<b>20</b>	126,773,960.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	24,685,667.	<b>23</b>	23,920,920.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	38,676,972.	<b>25</b>	34,642,508.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	229,449,408.	<b>26</b>	223,217,908.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	398,286,939.	<b>27</b>	437,743,407.
	<b>28</b> Temporarily restricted net assets . . . . .	102,762,497.	<b>28</b>	111,310,533.
	<b>29</b> Permanently restricted net assets . . . . .	50,643,828.	<b>29</b>	53,001,108.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	551,693,264.	<b>33</b>	602,055,048.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	781,142,672.	<b>34</b>	825,272,956.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	364,883,933.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	347,189,235.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,694,698.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	551,693,264.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	29,038,770.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,628,316.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	602,055,048.

**Part XII 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:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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  Both consolidated and separate 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  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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 [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % 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 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations. . . . .

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (50.08%); 15 Public support percentage from 2015 Schedule A; 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5. . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6. . . . .						
10a 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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 **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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 15

PRIOR YEAR PUBLIC SUPPORT PERCENTAGE:

STARTING WITH THE YEAR ENDING MAY 31, 2017, ITHACA COLLEGE HAS ELECTED TO USE THE SPECIAL RULE ON SCHEDULE B AND COMPLETE THE PUBLIC SUPPORT TEST ON SCHEDULE A, PART II. SINCE THE PUBLIC SUPPORT TEST WAS NOT COMPLETED IN THE PRIOR YEAR FORM 990, SCHEDULE A, PART II, LINE 15 IS BLANK.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
GROSS INCOME FROM SALES OF						
INVENTORY	6,618,782.	6,486,120.			2,983,960.	16,088,862.
OTHER PROGRAM REVENUE					1,113,460.	1,113,460.
FUNDRAISING EVENTS REVENUE					25,677.	25,677.
MISCELLANEOUS REVENUE	1,417,132.	1,267,798.	1,355,228.	239,685.	469,111.	4,748,954.
TOTALS	<u>8,035,914.</u>	<u>7,753,918.</u>	<u>1,355,228.</u>	<u>239,685.</u>	<u>4,592,208.</u>	<u>21,976,953.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

Table with 3 columns: Question, (a) Yes/No, (b) Amount. Rows include questions about lobbying activities and their amounts.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:
LINE 1I, OTHER ACTIVITIES - THE COLLEGE IS A MEMBER OF ORGANIZATIONS LISTED AS REGISTRANTS ON THE LOBBYING DISCLOSURE ACT DATABASE. LINE 1I REPORTS 25% OF MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS DURING THE COLLEGE'S FISCAL YEAR.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.

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

Name of the organization

Employer identification number

ITHACA COLLEGE

15-0532204

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include revenue and assets for art collections, and revenue and assets for financial gain.

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 69.4400 %
b Permanent endowment 16.9300 %
c Temporarily restricted endowment 13.6300 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations [ ] Yes [X] No
(ii) related organizations [ ] Yes [X] No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? [ ]

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) HEDGE FUND & ABSOL RETURN FUND	181,461,859.	FMV
(B) PRIVATE EQUITY	16,883,446.	FMV
(C) REAL ESTATE FUNDS	23,041,182.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	221,386,487.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFIT OBLIGATION	13,774,684.
(3) INTEREST RATE SWAP AGREEMENTS	11,848,057.
(4) US GOVERNMENT GRANTS REFUNDABLE	8,178,681.
(5) CONDITIONAL ASSET RETIREMENT OBLIG.	841,086.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,642,508.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 364,883,933.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 347,189,235.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

PART II, LINE 9 - HOW THE ORGANIZATION REPORTS CONSERVATION EASEMENTS:  
THE CONSERVATION EASEMENTS ARE NOT REPORTED ON THE BALANCE SHEET OR IN FOOTNOTES TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE AMOUNTS ARE CONSIDERED IMMATERIAL.

PART III, LINE 4 - DESCRIPTION OF THE ORGANIZATION'S COLLECTIONS AND HOW THEY FURTHER ITS EXEMPT PURPOSE:

THE COLLEGE'S COLLECTION CONSISTS SOLELY OF A SCULPTURE RECEIVED AS A NON-CASH CONTRIBUTION IN DECEMBER 2016. THE SCULPTURE, TITLED "THE DRUMMER", WAS CREATED BY BARRY FLANAGAN, A WELSH SCULPTOR BEST KNOWN FOR HIS BRONZE STATUES OF HARES AND OTHER ANIMALS. MR. FLANAGAN'S WORK CAN BE FOUND AT THE NATIONAL GALLERY OF ART SCULPTURE GARDEN IN WASHINGTON, DC; AND IN PUBLIC SPACES IN NEW YORK CITY, LONDON, COLOGNE, OKLAHOMA CITY, AND ON COLLEGE CAMPUSES AROUND THE WORLD. THE ADDITION OF THIS SCULPTURE TO OUR CAMPUS LANDSCAPE ELEVATES THE COLLEGE'S REPUTATION IN THE ART WORLD, AND SERVES AS AN ON-CAMPUS PIECE THAT IS STUDIED BY STUDENTS, ESPECIALLY THOSE IN ART HISTORY AND ART CONSERVATION CLASSES. THIS HELPS SUPPORT THE COLLEGE'S MISSION TO FOSTER INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS:

THE INTENDED USE OF THE COLLEGE'S ENDOWMENT FUNDS IS TO PROVIDE SCHOLARSHIPS AND GRANTS TO STUDENTS, AND TO SUPPORT THE COLLEGE'S EDUCATIONAL PROGRAMS.

AMOUNTS REPORTED IN THE COLLEGE'S SCHEDULE D, PART V, ENDOWMENT FUNDS FOR THE YEARS ENDING MAY 31, 2016 AND 2015, HAVE BEEN RE-STATED FROM THE

**Part XIII** Supplemental Information (continued)

AMOUNTS REPORTED IN THE PRIOR YEAR FORM 990 TO REFLECT AN ADJUSTMENT TO THE ENDOWMENT ACCOUNT BALANCES AS A RESULT OF A CHANGE IN REPORTING METHODOLOGY ON CERTAIN PLEDGES.

PART X, LINE 2 - FIN 48 DISCLOSURE:

THE COLLEGE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE COLLEGE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE COLLEGE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEARS ENDED MAY 31, 2017 AND MAY 31, 2016.



**Part XIII** Supplemental Information (continued)

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

## POSTRETIREMENT BENEFITS EXPENSE OTHER THAN

NET PERIODIC BENEFIT COST	\$1,033,322
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	
AGREEMENTS	\$2,600,494
	-----
TOTAL	\$3,633,816
	=====

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID NETTED ON FINANCIALS	\$121,794,191
FUNDRAISING EXPENSES	(\$ 7,939)
COST OF GOOD SOLD (CAMPUS STORE)	(\$ 1,982,522)
	-----
TOTAL	\$119,803,700
	=====

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	\$7,939
COST OF GOOD SOLD (CAMPUS STORE)	\$1,982,522
WRITE OFF OF CAPITAL GIFTS & OTHER ADDITIONS	\$ 5,500
	-----
TOTAL	\$1,995,991
	=====

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID NETTED ON FINANCIALS	\$121,794,191
------------------------------------	---------------

**SCHEDULE E  
(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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.

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

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I**

	YES	NO
<b>1</b> 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? . . . . .	X	
<b>2</b> 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? . . . . .	X	
<b>3</b> 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 . . . . .	X	
SEE SUPPLEMENTAL PAGE		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> 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 . . . . .	X	

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

PART I, LINE 3 - NONDISCRIMINATORY POLICY:

THE COLLEGE'S NONDISCRIMINATORY POLICY APPEARS ON THE COLLEGE'S WEBSITE.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE COLLEGE RECEIVES ASSISTANCE FROM THE US DEPARTMENT OF EDUCATION AND

THE NEW YORK STATE EDUCATION DEPARTMENT TO FUND FINANCIAL AID PROGRAMS.

THE COLLEGE RECEIVES ASSISTANCE FROM A VARIETY OF OTHER FEDERAL AND STATE

AGENCIES TO FUND RESEARCH AND OTHER GRANT AWARDS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ITHACA COLLEGE

15-0532204

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	1.	37.	PROGRAM SERVICES	STUDY ABROAD LONDON	1,090,371.
(2) CENTRAL AMERICA/CARIBBEAN		9.	PROGRAM SERVICES	CONFERENCES & RESEARCH	11,131.
(3) CENTRAL AMERICA/CARIBBEAN		76.	PROGRAM SERVICES	STUDY ABROAD	136,033.
(4) EAST ASIA AND THE PACIFIC		10.	PROGRAM SERVICES	CONFERENCES & RESEARCH	23,081.
(5) EAST ASIA AND THE PACIFIC		14.	PROGRAM SERVICES	STUDY ABROAD	6,030.
(6) EAST ASIA AND THE PACIFIC		2.	PROGRAM SERVICES	RECRUITING	37,715.
(7) EUROPE		1.	MAINTAINING OFFICES		2,807.
(8) EUROPE		79.	PROGRAM SERVICES	CONFERENCES & RESEARCH	159,805.
(9) EUROPE		34.	PROGRAM SERVICES	STUDY ABROAD	10,201.
(10) EUROPE		2.	PROGRAM SERVICES	RECRUITING	8,181.
(11) EUROPE		2.	SEND AGENTS TO SEMINARS		1,024.
(12) NORTH AMERICA		137.	PROGRAM SERVICES	CONFERENCES & RESEARCH	72,444.
(13) NORTH AMERICA		10.	PROGRAM SERVICES	STUDY ABROAD	3,995.
(14) NORTH AMERICA		2.	PROGRAM SERVICES	RECRUITING	1,088.
(15) NORTH AMERICA		1.	SEND AGENTS TO SEMINARS		2,602.
(16) RUSSIA/INDEPENDENT STATES		5.	PROGRAM SERVICES	CONFERENCES & RESEARCH	10,917.
(17) RUSSIA/INDEPENDENT STATES			GRANTMAKING		1,076.
<b>3a Sub-total</b> . . . . .	1.	421.			1,578,501.
<b>b Total from continuation sheets to Part I</b> . . . . .		29.			47,816,487.
<b>c Totals (add lines 3a and 3b)</b>	1.	450.			49,394,988.

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

Schedule F (Form 990) 2016

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

ITHACA COLLEGE

15-0532204

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA		19.	PROGRAM SERVICES	CONFERENCES & RESEARCH	36,324.
(2) SOUTH AMERICA		3.	PROGRAM SERVICES	STUDY ABROAD	1,703.
(3) SOUTH ASIA		2.	PROGRAM SERVICES	CONFERENCES & RESEARCH	3,225.
(4) SUB-SAHARAN AFRICA		4.	PROGRAM SERVICES	CONFERENCES & RESEARCH	6,317.
(5) SUB-SAHARAN AFRICA		1.	PROGRAM SERVICES	STUDY ABROAD	1,662.
(6) CENTRAL AMERICA & CARRIBEAN			GRANTMAKING		12,500.
(7) EAST ASIA			GRANTMAKING		492,964.
(8) EUROPE			GRANTMAKING		2,522,184.
(9) MIDDLE EAST			GRANTMAKING		40,269.
(10) SOUTH AMERICA			GRANTMAKING		56,900.
(11) SOUTH ASIA			GRANTMAKING		78,927.
(12) SUB-SAHARAN AFRICA			GRANTMAKING		39,381.
(13) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		44,506,348.
(14) EUROPE			INVESTMENTS		17,783.
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	TO FED GRANT SUBRECIPIENT	46,427.	WIRE TFR.			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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. . . . . **1.**

3 Enter total number of other organizations or entities. . . . .

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANT/SCHOLARSHIP	EAST ASIA/PACIFIC	40.	492,964.	WIRE TFR.			
(2) GRANT/SCHOLARSHIP	EUROPE/ICELAND/GREENLAND	243.	2,522,184.	WIRE TFR.			
(3) GRANT/SCHOLARSHIP	MIDDLE EAST/NORTH AFRICA	3.	40,269.	WIRE TFR.			
(4) GRANT/SCHOLARSHIP	SOUTH AMERICA	6.	56,900.	WIRE TFR.			
(5) GRANT/SCHOLARSHIP	SOUTH ASIA	3.	32,500.	WIRE TFR.			
(6) GRANT/SCHOLARSHIP	SUB-SAHARAN AFRICA	4.	39,381.	WIRE TFR.			
(7) GRANT/SCHOLARSHIP	CENT. AMERICA/CARIBBEAN	1.	12,500.	WIRE TFR.			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No



**Part V Supplemental Information**

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF ITS GRANTS AND  
OTHER ASSISTANCE:

THE COLLEGE FOLLOWS THE OMB UNIFORM GUIDANCE WITH RESPECT TO MONITORING  
THE USE OF FUNDS OF SUBRECIPIENTS OF FEDERAL AWARDS. SCHOLARSHIPS GIVEN  
ARE DEPOSITED INTO THE STUDENT'S ACCOUNT TO BE USED FOR TUITION IN  
EDUCATIONAL PROGRAM. THE FUNDS EXPENDED FOR TRAVEL AND ATTENDING  
CONFERENCES ARE ACCOUNTED FOR WHEN TRAVEL REPORTS ARE SUBMITTED TO ITHACA  
COLLEGE.

PART I, LINE 3, COLUMN (F):

EXPENDITURES ARE REPORTED ON AN ACCRUAL BASIS ACCORDING TO GAAP,  
CONSISTENT WITH THE ITHACA COLLEGE METHOD OF ACCOUNTING.

PART IV, LINE 4 - FOREIGN FILING REQUIREMENTS:

ITHACA COLLEGE INVESTS DIRECTLY IN A VARIETY OF ALTERNATIVE INVESTMENTS  
THAT ARE STRUCTURED AS EITHER FOREIGN CORPORATIONS, FOREIGN LIMITED  
PARTNERSHIPS OR DOMESTIC LIMITED PARTNERSHIPS. THE LIMITED PARTNERSHIP  
INVESTMENTS MAY, IN TURN, OWN AN INTEREST IN A FOREIGN CORPORATION,  
PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP.

TO THE EXTENT THAT ITHACA COLLEGE IS REQUIRED TO COMPLETE A FORM 926,  
5471, 8621 OR 8865 BECAUSE ITS INVESTMENT EXCEEDS THE FILING THRESHOLD,  
THOSE FORMS HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T FILING.



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	33,877.			33,877.
	<b>2</b> Less: Contributions . . . . .	8,200.			8,200.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	25,677.			25,677.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	136.			136.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	7,803.			7,803.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				7,939.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				17,738.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HILLEL OF ITHACA COLLEGE 953 DANBY RD, MULLER CHPL ITHACA, NY 14850	52-1758795	501(C)(3)	85,711.				ANNUAL OPERATING PAYMENT
<b>(2)</b> UC FELLOWSHIP PROTESTANT COMM. AT ITHACA 953 DANBY RD, MULLER CHPL ITHACA, NY 14850	15-0625200	501(C)(3)	61,234.				ANNUAL OPERATING PAYMENT
<b>(3)</b> ITHACA COLLEGE NEWMAN FOUNDATION 953 DANBY RD, MULLER CHPL ITHACA, NY 14850	16-1188280	501(C)(3)	59,614.				ANNUAL OPERATING PAYMENT
<b>(4)</b> NATIONAL MERIT SCHOLARSHIP CORPORATION 1560 SHERMAN AVE, NO 200 EVANSTON, IL 60201	36-2307745	501(C)(3)	20,000.				ANNUAL REMITTANCE TO MERIT SCHOLARSHIP
<b>(5)</b> TOMPKINS COUNTY AREA DEVELOPMENT 401 E STATE ST, SUITE 402B ITHACA, NY 14850	16-6058339	501(C)(6)	15,000.				SUPPORT LOCAL ECON. DEVELOPMENT
<b>(6)</b> CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)(3)	50,000.				REV ITHACA STARTUP WORKS
<b>(7)</b> PLANETARY SCIENCE INSTITUTE 1700 E. FT. LOWELL, STE 106 TUSCONN AZ 85719	33-0175263	501(C)(3)	49,387.				PAYMENT TO FED GRANT SUBRECIPIENT
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2016)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	5,754.	118,566,993.			
2 SCHOLARSHIPS AWARDED TO EMPLOYEES	9.	10,500.			
3 FEDERAL GRANT SUBAWARDS	2.	21,571.			
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO ORGANIZATIONS IN THE UNITED STATES:

THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO ORGANIZATIONS IN THE UNITED STATES VARY BASED ON THE NATURE OF THE AGREEMENT WITH THE GRANTEE. ORGANIZATIONS OPERATING OUT OF THE MULLER CHAPEL (HILLEL, PROTESTANT COMMUNITY, AND NEWMAN FOUNDATION) ARE SUBJECT TO OVERSIGHT BY COLLEGE EMPLOYEES. FOR GRANTS TO THE NATIONAL MERIT SCHOLARSHIP CORPORATION, TOMPKINS COUNTY AREA DEVELOPMENT, AND CORNELL UNIVERSITY, THE COLLEGE RELEGATES RESPONSIBILITY FOR MONITORING THE USE OF GRANT FUNDS TO INDIVIDUALS WITHIN THOSE ORGANIZATIONS. THE COLLEGE FOLLOWS THE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OMB UNIFORM GUIDANCE WITH RESPECT TO MONITORING THE USE OF FUNDS OF  
SUBRECIPIENTS OF FEDERAL AWARDS (PLANETARY SCIENCE INSTITUTE).

STUDENTS MUST MEET THE CRITERIA SPECIFIED IN THE SCHOLARSHIP PROGRAM IN  
ORDER TO RECEIVE THE SCHOLARSHIP. FOR ONGOING SCHOLARSHIPS, STUDENTS MUST  
CONTINUE TO MEET THE CRITERIA IN ORDER TO BE AWARDED A SCHOLARSHIP IN  
SUBSEQUENT YEARS.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H) - PURPOSE OF GRANT OR ASSISTANCE:

HILLEL OF ITHACA COLLEGE -

ANNUAL OPERATING PAYMENT OF \$53,378 PLUS CONTRIBUTIONS RECEIVED &

REMITTED BY ITHACA COLLEGE.

UNITED CHRISTIAN FELLOWSHIP PROTESTANT COMMUNITY AT ITHACA COLLEGE -

ANNUAL OPERATING PAYMENT OF \$53,378 PLUS CONTRIBUTIONS RECEIVED &

REMITTED BY ITHACA COLLEGE.

ITHACA COLLEGE NEWMAN FOUNDATION -

ANNUAL OPERATING PAYMENT OF \$53,378 PLUS CONTRIBUTIONS RECEIVED &

REMITTED BY ITHACA COLLEGE.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

15-0532204

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                                     |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)         |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS R. ROCHON PRESIDENT	(i)	392,220.	0.	549,355.	121,980.	67,352.	1,130,907.	441,424.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NANCY E. PRINGLE (NON-V SECRETARY, SENIOR VP, GC	(i)	223,729.	365.	15,207.	20,905.	58,152.	318,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BENJAMIN G. RIFKIN, PRO VP EDU. AFFAIRS (THRU 7/16)	(i)	234,480.	0.	17,586.	22,050.	3,752.	277,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LINDA PETROSINO, INTERI EDUCATIONAL AFFAIRS & PROVOST	(i)	203,605.	0.	0.	18,764.	12,721.	235,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CHRISTOPHER M. BIEHN VP INSTITUTIONAL ADVANCEMENT	(i)	248,274.	0.	0.	22,050.	14,533.	284,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GERARD R. TURBIDE VP ENROLLMENT MANAGEMENT	(i)	166,700.	350.	0.	15,075.	9,613.	191,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GERALD L. HECTOR VP FINANCE & ADMIN (THRU 7/16)	(i)	141,012.	0.	33,401.	0.	8,823.	183,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JANET L. WILLIAMS INTERIM VP FINANCE & ADMIN.	(i)	139,528.	10,000.	0.	12,407.	105.	162,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 BRIAN K. DICKENS VP HUMAN RESOURCES	(i)	118,251.	130,000.	0.	875.	9,417.	258,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 TIMOTHY R. CAREY ASSO. VICE PRESIDENT, FACILITY	(i)	211,410.	0.	5,022.	18,889.	1,023.	236,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DIANE M. GAYESKI DEAN, SCHOOL OF COMMUNICATIONS	(i)	191,295.	0.	0.	17,350.	9,320.	217,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SEAN F. REID DEAN, SCHOOL OF BUSINESS	(i)	306,443.	0.	0.	28,191.	39,442.	374,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 JEFFREY W. LIPPITT ASSOCIATE PROFESSOR AND CHAIR	(i)	165,394.	0.	11,925.	15,307.	12,509.	205,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 GWEN SEAQUIST PROF. & LEGAL STUDIES PROGRAM	(i)	135,170.	0.	34,664.	12,538.	11,947.	194,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 KARL T. PAULNACK DEAN, SCHOOL OF MUSIC	(i)	165,703.	0.	0.	15,295.	13,568.	194,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 STEPHEN TROPIANO DIRECTOR & ASSOCIATE PROFESSOR	(i)	122,572.	0.	41,702.	11,168.	9,320.	184,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARIE C. BLOUIN 1 ASSISTANT PROFESSOR	(i)	156,408.	0.	7,800.	13,912.	701.	178,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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.

PART I, LINE 1A, HOUSING ALLOWANCE:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE PRESIDENT RECEIVES HOUSING PROVIDED BY THE COLLEGE. THE ESTIMATED VALUE OF THIS NONTAXABLE BENEFIT IS \$40,300 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (D).

PART I, LINE 4B, SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

THE PRESIDENT RECEIVES ACCRUALS OF ANNUAL CONTRIBUTIONS TO A 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE VALUE OF THE CONTRIBUTION WAS \$98,419 FOR THE 2016 CALENDAR YEAR, AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN C. IN DECEMBER 2016 THE PRESIDENT RECEIVED A DISTRIBUTION FROM THE 457(F) PLAN TOTALING \$525,835; THE DISTRIBUTION IS REPORTED IN SCHEDULE J, COLUMN (B)(III). THIS DISTRIBUTION IS COMPRISED OF PRIOR YEARS' CUMULATIVE PAYMENTS TO THE 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THESE PRIOR YEAR PAYMENTS WERE REPORTED ON FORM 990 FOR THE YEARS ENDING MAY 31, 2012 THROUGH MAY 31, 2016 IN SCHEDULE J, COLUMN C AND IN THE CURRENT YEAR IN SCHEDULE J, PART II, COLUMN (F).

PART I, LINE 7, NON-FIXED PAYMENTS:

IN ACCORDANCE WITH THE COLLEGE'S COMPENSATION POLICIES, EMPLOYEES WHO

**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.

HAVE MADE SPECIFIC AND SIGNIFICANT ACCOMPLISHMENTS AND WHO HAVE PERFORMED WELL IN SUPPORT OF A PROJECT OR INITIATIVE DURING THE YEAR MAY BE RECOGNIZED WITH A ONE-TIME MERIT PAYMENT. THESE PAYMENTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(II). BONUSES REPORTED FOR INTERIM VP OF FINANCE, JANET WILLIAMS, AND VP OF HUMAN RESOURCES, BRIAN DICKENS, ARE FIXED CONTRACTUAL BONUSES.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

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

**2016**

▶ **Attach to Form 990.**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY	16-1214039	890099CQ5	11/10/2004	31,100,000.	CONSTRUCTION & RENOVATION		X		X		X
<b>B</b> TOMPKINS COUNTY DEVELOPMENT CORPORATION	27-2290745	890096AT7	04/07/2011	25,869,342.	ACQUISITION, CONSTRUCTION & REFURB		X		X		X
<b>C</b> TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY	16-1214039	890099CZ5	12/09/2013	40,290,000.	REISSUANCE OF SERIES 2005B		X		X		X
<b>D</b> TOMPKINS COUNTY DEVELOPMENT CORPORATION	27-2290745	890096CC2	09/24/2015	49,150,749.	REFIN OF REISSUED SER. 2007 & 2008		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	8,025,000.		2,410,000.		4,225,000.		2,545,000.	
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	32,424,139.		25,871,026.		40,290,000.		49,150,749.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	343,050.		419,663.				528,070.	
<b>8</b> Credit enhancement from proceeds . . . . .	412,183.		257,657.					
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	31,325,726.		24,993,584.					
<b>11</b> Other spent proceeds . . . . .	343,180.		200,122.		40,290,000.		48,618,311.	
<b>12</b> Other unspent proceeds . . . . .							4,368.	
<b>13</b> Year of substantial completion . . . . .	2007		2012					
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .		X		X	X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X			X	

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

**Part III Private Business Use (Continued)**

TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X	X				X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .			X				X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶				.2000				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		.1000						
<b>6</b> Total of lines 4 and 5 . . . . .		.1000		.2000				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X				X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X		X	
<b>b</b> Exception to rebate? . . . . .		X		X	X			X
<b>c</b> No rebate due? . . . . .	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .	X			X	X			X
<b>b</b> Name of provider . . . . .	UBS AG				BANK OF AMERICA, N.A			
<b>c</b> Term of hedge. . . . .	30.000				12.600			
<b>d</b> Was the hedge superintegrated? . . . . .		X				X		
<b>e</b> Was the hedge terminated? . . . . .		X				X		





**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

COLUMN A, COLUMN B, COLUMN C, COLUMN D:

THE DIFFERENCE BETWEEN PART I (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

COLUMN C, PART I (F):

THE ORIGINAL SERIES 2005 BONDS WERE ISSUED ON SEPTEMBER 29, 2005.

COLUMN D, PART I (F):

PROCEEDS OF THE BONDS WERE ISSUED TO CURRENTLY REFUND THE BORROWER'S OUTSTANDING REISSUED SERIES 2007 BONDS (ISSUED 08/20/2009) AND REISSUED SERIES 2008 BONDS (ISSUED 09/17/2009) (COLLECTIVELY, THE "PRIOR BONDS").

COLUMN B, PART II, LINE 11:

THIS AMOUNT INCLUDES STATE AND ISSUER ADMINISTRATIVE FEES.

COLUMN C, PART II, LINE 13:

SINCE PROCEEDS OF THE BONDS WERE USED FOR CURRENT REFUNDING PURPOSES, THE YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

COLUMN D, PART II, LINE 13:

SINCE THE BONDS WERE ISSUED FOR THE PURPOSE OF REFUNDING PRIOR BONDS, A  
SUBSTANTIAL DATE OF COMPLETION IS NOT APPLICABLE TO THE BOND ISSUE.

COLUMN C, PART III:

BECAUSE PROCEEDS OF THE REISSUED SERIES 2005 BONDS WERE USED TO REFUND  
BONDS ISSUED BEFORE JANUARY 1, 2003, THE ISSUER HAS NOT COMPLETED PART  
III WITH RESPECT TO THE BONDS.

COLUMN A, COLUMN B, COLUMN D, PART III, LINE 7:

AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE  
AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT  
TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED  
TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR  
THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE  
6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE  
SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS  
USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS  
NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

COLUMN C, PART IV, LINE 2:

THE 5TH BOND YEAR HAS NOT OCCURRED, AND THUS NO REBATE COULD BE DUE. THE BONDS CONSIST OF A CURRENT REFUNDING, WHICH HAS MET AN EXCEPTION TO THE REBATE REQUIREMENT. NO REBATE CALCULATION HAS BEEN OR WILL EVER BE MADE, BEFORE OR AFTER THE DUE DATE OF AN 8038-T.

COLUMN A, PART IV, LINE 2(B):

PROCEEDS OF THE BONDS WERE EXPENDED AS OF THE LAST REBATE COMPUTATION DATE. TO THE EXTENT THAT NO FURTHER PROCEEDS ARISE WHICH BECOME ALLOCABLE TO THE BONDS, NO FURTHER CALCULATIONS OF REBATE LIABILITY ARE NECESSARY.

COLUMN A, PART IV LINE 2(C):

THE REBATE COMPUTATION WAS PERFORMED ON NOVEMBER 10, 2009. BECAUSE ALL PROCEEDS OF THE BONDS WERE EXPENDED AS OF THAT DATE AND NO FURTHER PROCEEDS HAVE SINCE ARISEN, NO FURTHER REBATE COMPUTATION HAS BEEN PERFORMED.

COLUMN B, PART IV, LINE 2(C):

THE FIFTH YEAR REBATE WAS PERFORMED AS OF APRIL 7, 2016, AND DATED APRIL 20, 2016.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

ITHACA COLLEGE

Employer identification number

15-0532204

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)			68,685.	TUITION REMISSION	EDUCATION/TUITION
(2)			20,913.	SCHOLARSHIPS	EDUCATION/TUITION
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2016

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

Name of the organization

ITHACA COLLEGE

Employer identification number

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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	1 .	1,250,000 .	EXPERT OPINION
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	29 .	446,650 .	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1 . . . . .)		8 .	40,127 .	
26 Other ▶ ( . . . . .)				
27 Other ▶ ( . . . . .)				
28 Other ▶ ( . . . . .)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1 .

	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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

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

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PART I, LINE 25, COLUMN (B):

THE COLLEGE IS REPORTING THE NUMBER OF ITEMS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MUSICAL INSTRUMENTS	X	3.	20,700.	EXPERT OPINION
CAMERA EQUIPMENT	X	1.	18,988.	EXPERT OPINION
SUPPLIES	X	4.	439.	COMPARABLE SALES
TOTALS		<u>8.</u>	<u>40,127.</u>	



**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

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ITHACA COLLEGE

15-0532204

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ITHACA COLLEGE IS A FULLY ACCREDITED, COEDUCATIONAL, NONDENOMINATIONAL  
INSTITUTION OFFERING A BROADLY DIVERSIFIED PROGRAM OF PROFESSIONAL AND  
LIBERAL ARTS STUDIES. THE COLLEGE SEEKS DIVERSITY IN ITS STUDENT BODY AND  
ADMITS APPLICANTS ON THE BASIS OF INDIVIDUAL QUALIFICATIONS, WITHOUT  
REGARD TO RACE, CREED, OR NATIONAL ORIGIN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT:

ACADEMIC SUPPORT INCLUDES EXPENSES INCURRED TO PROVIDE SUPPORT SERVICES  
FOR THE COLLEGE'S PRIMARY PROGRAM SERVICE OF INSTRUCTION, RESEARCH, AND  
PUBLIC SERVICE. IT INCLUDES THE FOLLOWING ACTIVITIES: THE RETENTION,  
PRESERVATION, AND DISPLAY OF EDUCATIONAL MATERIALS AT THE ITHACA COLLEGE  
LIBRARY, THE HANDWERKER GALLERY, AND OTHER GALLERY SPACES; INFORMATION  
TECHNOLOGY SERVICES DEPLOYED AT THE COLLEGE, PARTICULARLY SERVICES WITHIN  
THE THEMES OF CAMPUS ENGAGEMENT AND TEACHING & LEARNING; ACADEMIC  
ADMINISTRATION AND PERSONNEL PROVIDING ADMINISTRATIVE SUPPORT AND  
MANAGEMENT DIRECTION TO THE PRIMARY PROGRAM SERVICE; AND SEPARATELY  
BUDGETED SUPPORT FOR COURSE AND CURRICULUM DEVELOPMENT.

FORM 990, PART VI, SECTION B, LINE 11, FORM 990 REVIEW PROCESS:

THE COLLEGE'S DEPARTMENT OF FINANCIAL SERVICES COMPILES THE UNDERLYING  
RECORDS AND PREPARES SUPPORTING SCHEDULES USED IN THE PREPARATION OF THE  
FORM 990. THE COLLEGE USES AN EXTERNAL TAX SERVICE PROVIDER TO PREPARE

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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AND REVIEW THE FORM 990. THE INTERIM VICE PRESIDENT OF FINANCE AND ADMINISTRATION AND OTHER KNOWLEDGEABLE PERSONS REVIEW THE FORM 990 PRIOR TO SUBMITTING THE FORM 990 TO THE BOARD OF TRUSTEES FOR REVIEW. THE TRUSTEES REVIEW THE FORM 990 PRIOR TO THE BOARD OF TRUSTEES MEETING HELD IN THE SPRING. DURING THE SPRING BOARD MEETING, THE AUDIT COMMITTEE ENGAGES IN AN ADDITIONAL REVIEW OF THE FORM 990 WITH THE EXTERNAL TAX SERVICE PROVIDER AND PERSONS FROM THE COLLEGE'S DEPARTMENT OF FINANCIAL SERVICES. THE AUDIT COMMITTEE VOTES TO APPROVE THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C, CONFLICT OF INTEREST POLICY:

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

FORM 990, PART VI, SECTION B, LINE 15, PROCESS FOR DETERMINING EXECUTIVE COMPENSATION:

A. FOR TOP MANAGEMENT OFFICIALS - THE BOARD OF TRUSTEES SUB-COMMITTEE ON COMPENSATION ANNUALLY COLLECTS COMPARABILITY DATA TO BE USED IN ESTABLISHING PRESIDENTIAL COMPENSATION. THIS DATA IS GATHERED USING THE ASSISTANCE OF NON-INTERESTED PARTIES INCLUDING EXTERNAL CONSULTANTS AND THE COLLEGE'S OFFICE OF HUMAN RESOURCES. THE SUB-COMMITTEE ON COMPENSATION MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, WHICH HAS AUTHORITY TO APPROVE THE RECOMMENDATION. THE EXECUTIVE COMMITTEE REPORTS TO THE FULL BOARD THE DETAILS OF THE REVIEW AND COMPENSATION.

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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B. FOR OTHER OFFICERS AND KEY EMPLOYEES - HUMAN RESOURCES OBTAINS COMPARABILITY DATA ON COMPENSATION WHICH IS SHARED WITH THE PRESIDENT. THE DATA IS REVIEWED AND THE COMPENSATION COMMITTEE IS INFORMED OF THE DECISIONS. THE PRESIDENT ANNUALLY REVIEWS THE COMPENSATION POLICIES OF THE COLLEGE RELATED TO SENIOR OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19, MAKING ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLIC:

THE PUBLIC MAY ACCESS THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BY VISITING THE COLLEGE'S WEBSITE OR BY CONTACTING THE OFFICE OF THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION AT THE CONTACT INFORMATION DISCLOSED IN PART VI SECTION C LINE 20.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POSTRETIREMENT BENEFITS EXPENSE OTHER THAN

NET PERIODIC BENEFIT COST	\$1,033,322
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	
AGREEMENTS	\$2,600,494
WRITE OFF OF CAPITAL GIFTS & OTHER ADDITIONS	(\$5,500)
	-----
TOTAL	\$3,628,316
	=====

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE A FOUNDATION FOR A LIFETIME OF LEARNING, ITHACA COLLEGE IS DEDICATED TO FOSTERING INTELLECTUAL GROWTH, AESTHETIC APPRECIATION, AND CHARACTER DEVELOPMENT IN OUR STUDENTS. THE ITHACA COLLEGE COMMUNITY THRIVES ON THE PRINCIPLES THAT KNOWLEDGE IS ACQUIRED THROUGH DISCIPLINE, COMPETENCE IS ESTABLISHED WHEN KNOWLEDGE IS TEMPERED BY EXPERIENCE, AND CHARACTER IS DEVELOPED WHEN COMPETENCE IS EXERCISED FOR THE BENEFIT OF OTHERS.

A COMPREHENSIVE COLLEGE THAT SINCE ITS FOUNDING HAS RECOGNIZED THE VALUE OF COMBINING THEORY AND PERFORMANCE, ITHACA PROVIDES A RIGOROUS EDUCATION BLENDING LIBERAL ARTS AND PROFESSIONAL PROGRAMS OF STUDY. OUR TEACHING AND SCHOLARSHIP ARE MOTIVATED BY THE NEED TO BE INFORMED BY, AND TO CONTRIBUTE TO, THE WORLD'S SCIENTIFIC AND HUMANISTIC ENTERPRISES. LEARNING AT ITHACA EXTENDS BEYOND THE CLASSROOM TO ENCOMPASS A BROAD RANGE OF RESIDENTIAL, PROFESSIONAL, AND EXTRACURRICULAR OPPORTUNITIES. OUR UNDERGRADUATE AND GRADUATE STUDENTS, FACULTY, STAFF, AND ALUMNI ALL CONTRIBUTE TO THE LEARNING PROCESS.

ITHACA COLLEGE IS COMMITTED TO CREATING AN INCLUSIVE ENVIRONMENT AND ATTRACTING A DIVERSE BODY OF STUDENTS, FACULTY, AND STAFF. ALL MEMBERS OF THE COLLEGE COMMUNITY ARE ENCOURAGED TO ACHIEVE EXCELLENCE IN THEIR CHOSEN FIELDS AND TO SHARE THE RESPONSIBILITIES OF CITIZENSHIP AND SERVICE IN THE GLOBAL COMMUNITY.

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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ATTACHMENT 2

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

## INSTRUCTION, RESEARCH, AND PUBLIC SERVICE:

ITHACA COLLEGE IS A PRIVATE, NONSECTARIAN, COEDUCATIONAL LIBERAL ARTS COLLEGE LOCATED IN ITHACA, NEW YORK. THE PRINCETON REVIEW CONSISTENTLY NAMES THE COLLEGE AMONG THE BEST COLLEGES IN THE NATION, WITH THE 2018 GUIDE RANKING THE COLLEGE #3 FOR THEATER, #3 FOR NEWSPAPER, AND #6 FOR RADIO, AND IS AMONG THE TOP SCHOOLS PRODUCING FULBRIGHT SCHOLARSHIP RECIPIENTS.

IN FALL 2016, THE COLLEGE ENROLLED 6,103 FULL-TIME AND 118 PART-TIME UNDERGRADUATE STUDENTS AS WELL AS 457 GRADUATE STUDENTS. APPROXIMATELY 69% OF THE UNDERGRADUATE STUDENT BODY RESIDES IN ON-CAMPUS HOUSING. FOR THE 2016-2017 ACADEMIC YEAR, THE COLLEGE CONFERRED 1,507 UNDERGRADUATE AND 292 GRADUATE DEGREES, AND EMPLOYED 523 FULL-TIME AND 230 PART-TIME AND ADJUNCT FACULTY. THE COLLEGE OFFERS A CURRICULUM WITH MORE THAN 100 DEGREE PROGRAMS IN ITS FIVE SCHOOLS.

ROY H. PARK SCHOOL OF COMMUNICATIONS: THE SCHOOL OF COMMUNICATIONS, RECOGNIZED AS A LEADING UNDERGRADUATE COMMUNICATIONS SCHOOL, IS KNOWN FOR ITS PROMINENT STUDENT-RUN MEDIA VEHICLES, INCLUDING: THE ITHACAN, THE COLLEGE'S OFFICIAL WEEKLY NEWSPAPER; ITHACA COLLEGE TELEVISION; AND THE WICB RADIO STATION. THE SCHOOL ALSO OFFERS THE LOS ANGELES PROGRAM, AN INTERNSHIP-BASED PROGRAM THAT PROVIDES STUDENTS WITH PROFESSIONAL EXPERIENCE IN THEIR CHOSEN FIELD WHILE TAKING INDUSTRY-RELATED

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ATTACHMENT 2 (CONT'D)

COURSES AT THE JAMES B. PENDLETON CENTER, LOCATED MINUTES FROM BURBANK AND HOLLYWOOD.

SCHOOL OF BUSINESS: ACCREDITED BY THE ASSOCIATION OF ADVANCE COLLEGIATE SCHOOLS OF BUSINESS (AACSB), THE SCHOOL OF BUSINESS OFFERS A RIGOROUS PROFESSIONAL EDUCATION, OFFERING A RANGE OF UNDERGRADUATE PROGRAMS, CONCENTRATIONS, AND MINORS, AS WELL AS GRADUATE LEVEL AND CERTIFICATE PROGRAMS. STUDENTS PARTICIPATE IN THE PROFESSIONS PROGRAM, A PROFESSIONAL DEVELOPMENT CURRICULUM THAT ALLOWS STUDENTS TO DEVELOP PROGRESSIVE SKILLS AND GAIN EXPERIENCES THAT WILL PREPARE THEM FOR COMPETITIVE INTERNSHIPS AND CAREERS.

SCHOOL OF MUSIC: TRACING ITS ROOTS TO THE COLLEGE'S FOUNDING IN 1892 AS A CONSERVATORY OF MUSIC, THE SCHOOL OF MUSIC PROVIDES STATE-OF-THE-ART FACILITIES, FEATURES OVER 25 ENSEMBLES, AND PRESENTS ABOUT 400 PERFORMANCES ANNUALLY. THE SCHOOL IS HOST TO SEVERAL SUMMER MUSIC OPPORTUNITIES TO MUSICIANS OF ALL AGES, INCLUDING THE SUMMER MUSIC ACADEMY AND THE SUMMER PIANO INSTITUTE. THROUGH THE MUSIC IN THE COMMUNITY PROGRAM, THE SCHOOL CONNECTS STUDENTS WITH THE COMMUNITY BY CREATING PERFORMANCE AND TEACHING OPPORTUNITIES IN THE GREATER ITHACA AREA.

SCHOOL OF HUMANITIES & SCIENCES (H&S): A LIBERAL ARTS EDUCATION IN THE SCHOOL OF H&S PREPARES STUDENTS FOR LIFE IN A RAPIDLY

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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ATTACHMENT 2 (CONT'D)

CHANGING, MULTICULTURAL, AND GLOBALLY INCLUSIVE WORLD. H&S STUDENTS RECEIVE A BROAD FOUNDATIONAL UNDERSTANDING OF ISSUES FACING THE HUMAN COMMUNITY. STUDENTS BUILD THEIR OWN INTEGRATIVE AND CROSS-DISCIPLINARY VERSION OF AN H&S EDUCATION. THE DEPARTMENT OF THEATRE ARTS DRAWS STUDENTS FROM ACROSS THE UNITED STATES AND THE WORLD, AND IS ACCREDITED BY THE NATIONAL ASSOCIATION OF SCHOOLS OF THEATRE.

SCHOOL OF HEALTH SCIENCES AND HUMAN PERFORMANCE (HS&HP): THE SCHOOL OF HS&HP'S STUDENTS TOUCH PEOPLE'S LIVES AS CLINICIANS, THERAPISTS, RESEARCHERS, ADMINISTRATORS, RECREATION AND SPORT PROFESSIONALS. HS&HP STUDENTS CHOOSE FROM MORE THAN 1,700 ORGANIZATIONS ACROSS THE NATION TO ENGAGE IN INTERNSHIPS AND FIELDWORK, AND CAN HELP CLIENTS AT ONE OF FOUR ON-CAMPUS CLINICS. THE SCHOOL OFFERS A RANGE OF UNDERGRADUATE PROGRAMS, AS WELL AS GRADUATE PROGRAMS IN AREAS OF EXERCISE AND SPORT SCIENCES, HEALTH PROMOTION AND PHYSICAL EDUCATION, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY.

STUDENTS ARE ENCOURAGED TO PARTICIPATE IN ONE OF THE COLLEGE'S MANY STUDY ABROAD OPPORTUNITIES. THE COLLEGE OPERATES THE ITHACA COLLEGE LONDON CENTER, WHICH IS LOCATED IN THE HEART OF THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA AND IS AMONG THE LONGEST-STANDING STUDY ABROAD PROGRAMS IN LONDON.

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ATTACHMENT 2 (CONT'D)

THE COLLEGE PROVIDES STUDENTS OPPORTUNITIES TO ENGAGE IN EXPERIENTIAL LEARNING THROUGH SCHOLARSHIP, RESEARCH, AND CREATIVE PERFORMANCE. RESEARCH IS FUNDED SUBSTANTIALLY BY PRIVATE SOURCES AND GOVERNMENTAL AGENCIES. DURING THE 2016-2017 ACADEMIC YEAR, FACULTY MEMBERS AND OTHERS ENGAGED IN SPONSORED RESEARCH RECEIVED \$1.38 MILLION IN AWARDS FROM EXTERNAL FUNDING AGENCIES.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

## AUXILIARY SERVICES:

AUXILIARY ENTERPRISES EXIST TO FURNISH GOODS OR SERVICES TO STUDENTS, FACULTY, STAFF, AND OTHER INSTITUTIONAL DEPARTMENTS. AUXILIARY ENTERPRISES ARE MANAGED TO OPERATE AS SELF-SUPPORTING ACTIVITIES. MAJOR AUXILIARY ENTERPRISES AT THE COLLEGE INCLUDE THE FOLLOWING: DINING SERVICES, ADMINISTERED BY SODEXO, WHICH OPERATES 3 RESIDENTIAL AND 10 RETAIL DINING FACILITIES LOCATED THROUGHOUT THE CAMPUS, AND PROMOTES ENVIRONMENTAL AWARENESS THROUGH A VARIETY OF SUSTAINABILITY PROGRAMS; CONFERENCE AND EVENT SERVICES, WHICH PROVIDES A FULL RANGE OF MEETING AND EVENT SERVICES TO INTERNAL AND EXTERNAL CLIENTS; AND THE HAMMOND HEALTH CENTER, ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

ATTACHMENT 4



Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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ATTACHMENT 4 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

STUDENT SERVICES:

STUDENT SERVICES INCLUDES EXPENSES INCURRED FOR OFFICES OF ADMISSIONS AND THE REGISTRAR, STUDENT AID ADMINISTRATION, AND ACTIVITIES WITH THE PRIMARY PURPOSE OF CONTRIBUTING TO STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION PROGRAM.

STUDENT SERVICES ALSO INCLUDES THE COLLEGE'S MULTITUDE OF ATHLETICS PROGRAMS. THE COLLEGE'S VARSITY TEAMS COMPETE AT THE DIVISION III LEVEL OF THE NCAA. THE COLLEGE IS ALSO A MEMBER OF THE EASTERN COLLEGE ATHLETIC CONFERENCE, AND, BEGINNING JULY 1, 2017, THE LIBERTY LEAGUE. PRIOR TO JOINING THE LIBERTY LEAGUE, THE ITHACA BOMBERS WERE CHARTER MEMBERS OF THE EMPIRE 8.

INTERCOLLEGIATE SPORTS INCLUDE BASEBALL, BASKETBALL, CREW, CROSS COUNTRY RUNNING, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, LACROSSE, SCULLING, SOCCER, SOFTBALL, SWIMMING & DIVING, TENNIS, TRACK & FIELD, VOLLEYBALL, AND WRESTING.

THE COLLEGE ALSO HAS A LARGE INTRAMURAL SPORTS PROGRAM, IN WHICH APPROXIMATELY 20% OF STUDENTS PARTICIPATE, AND WHICH OFFERS A VARIETY OF SPORTS INCLUDING SOCCER, VOLLEYBALL, FLAG FOOTBALL, AND BASKETBALL, IN ADDITION TO SINGLE DAY EVENTS SUCH AS TENNIS TOURNAMENTS AND BATTLESHIP. THE COLLEGE IS ALSO HOME TO MORE THAN 60 CLUB SPORTS, MANY OF WHICH COMPETE REGULARLY AGAINST OTHER

Name of the organization ITHACA COLLEGE	Employer identification number 15-0532204
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ATTACHMENT 4 (CONT'D)

COLLEGES IN LEAGUES AND TOURNAMENTS.

STUDENT SERVICES ALSO INCLUDES EXPENSES FOR THE OFFICE OF STUDENT ENGAGEMENT AND MULTICULTURAL AFFAIRS, WHICH PROVIDES THE FIRST-YEAR EXPERIENCE AND ORIENTATION, AND OVERSEES STUDENT ACTIVITIES, MULTICULTURAL EVENTS, AND STUDENT ORGANIZATIONS.

THE OFFICE OF CAREER SERVICES, SERVING BOTH STUDENTS AND ALUMNI, PROVIDES CAREER-RELATED EDUCATION, EXPERIENTIAL LEARNING, PROFESSIONAL DEVELOPMENT, AND POST-GRADUATE OPPORTUNITIES FOR THE BENEFIT OF STUDENTS AND ALUMNI.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO INC. & AFFILIATES 100 EARHART DRIVE WILLIAMSVILLE, NY 14221	FOOD & FACILITIES	10,534,237.
KIMBLE INC 1004 SULLIVAN STREET ELMIRA, NY 14901	MECHANICAL & ROOFING	2,699,636.
WELLIVER MCGUIRE INC. 250 NORTH GENESEE STREET MONTOUR FALLS, NY 14865	CONSTRUCTION	2,474,070.
IES ABROAD 33 WEST MONROE STREET, SUITE 2300 CHICAGO, IL 60603	STUDY ABROAD	1,880,437.
ARCHITECTURAL CONCRETE PLUS LLC 69 HILLISTER STREET DUNDEE, NY 14837	GENERAL CONSTRUCTION	1,822,465.