Form **8868** (Rev. January 2024)

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Ide	entification										
Type or	Name of exempt organization, employer, or other filer	ame of exempt organization, employer, or other filer, see instructions.									
Print											
	CORNELL COLLEGE		42-0680335								
File by the due date for filing your return. See 600 FIRST STREET SW											
instructions.	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT VERNON, IA 52314										
Enter the I	Return Code for the return that this application is for (file	e a separat	e application for each return)		01						
Applicatio	on Is For	Return	Application Is For		Return						
		Code			Code						
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09						
Form 4720) (individual)	03	Form 5227		10						
Form 990-	PF	04	Form 6069		11						
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870		12						
Form 990-	T (trust other than above)	06	Form 5330 (individual)		13						
Form 990-	T (corporation)	07	Form 5330 (other than individual)								

 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name			
	Plan Number			
	Plan Year Ending (MM/DD/YYYY)			
Part II	- Automatic Extension of Time To File for Exempt Organizations (see instructions)			
Th	e books are in the care of KELLY FLEGE			
	600 FIRST STREET W - MOUNT VERNON, IA 52314			
Te	ephone No. (319)895-4383 Fax No.			_
● lft	he organization does not have an office or place of business in the United States, check this box			
	his is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			
box	If it is for part of the group, check this box and attach a list with the names and TINs of all r			
1	I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file the	e exem	ipt organi	zation return for
	the organization named above. The extension is for the organization's return for:			
	calendar year 20 or			
	X tax year beginning JUL 1 , 20 23, and ending JUN 3	30		, 2024
2	If the tax year entered in line 1 is for less than 12 months, check reason:	l retur	n	
	Change in accounting period			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	Ο.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	Зb	\$	Ο.
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	Ο.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

** PUBLIC INSPECTION COPY **

	~		Return of Organization Exen	npt From	Inco	me Tax	F	OMB No. 1545-0047
Form	<u>y</u>	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal R	-			ons)	2023
		the Treasury	Do not enter social security numbers on this	-			- I	Open to Public
		ie Service 2023 calend:	Go to www.irs.gov/Form990 for instruction ar year, or tax year beginning JUL 1, 2023	and ending				Inspection
B Che			organization	and ending		nployer ident	ificatio	n number
	licable:	O Name of	organization				meatio	in number
	Address change	CORNEL	L COLLEGE					
(Name change	Doing bu	isiness as			42-068033	5	
	nitial eturn	Number	and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Te	lephone numb	ber	
1	Final return/	600 FI	RST STREET SW		((319)895-43	883	
a	ermin- ated Amende	- I	own, state or province, country, and ZIP or foreign postal co	de	G Gro	oss receipts \$		109,007,416.
1	eturn Applica-	MOONI	VERNON, IA 52314			s this a group		
1	ion pending	F Name a	nd address of principal officer: KELLY FLEGE			or subordinat		
		npt status:		17(a)(1) or [Are all subordinates		
	ebsite		X 501(c)(3) 501(c) () (insert no.) 494 RNELLCOLLEGE.EDU	17(a)(1) or 5		Group exempt		See instructions
			X Corporation Trust Association Other	LY		ation: 1854		te of legal domicile: IA
Par		Summary		1 = 1			in ou	to of logar dofiniono.
	1 B	Briefly describ	e the organization's mission or most significant activities:	O CREATE A S	SPACE WH	ERE STUDEN	TS	
Governance			P INTELLECTUAL CURIOSITY, CREATIVITY AND MOR					
rna	2 C	Check this bo	if the organization discontinued its operations o	r disposed of me	ore than 2	5% of its net a	ssets.	
ove	3 N	lumber of vot	ing members of the governing body (Part VI, line 1a)				3	20
			ependent voting members of the governing body (Part VI, lir				_	19
Activities &			of individuals employed in calendar year 2023 (Part V, line 2				-	1010
iviti			of volunteers (estimate if necessary)					150
Act			business revenue from Part VIII, column (C), line 12					76,377.
+	bΝ	let unrelated	business taxable income from Form 990-T, Part I, line 11			7 or Year	b	0. Current Year
	8 C	Contributions	and grants (Part VIII, line 1h)	-		13,585,343	+	12,792,285.
Ine						61,847,757	_	65,278,441.
ē		•	ce revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)			830,133	_	2,239,141.
۳,			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,566,072		7,564,338.
			add lines 8 through 11 (must equal Part VIII, column (A), lin	E Contraction of the second		79,829,305		87,874,205.
	13 G	arants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)			34,638,867		36,965,410.
	14 B	Benefits paid t	o or for members (Part IX, column (A), line 4)			0	·	0.
S			compensation, employee benefits (Part IX, column (A), lines			23,225,678	_	23,251,914.
Expenses			Indraising fees (Part IX, column (A), line 11e)			0	•	0.
ďx			• • • • • • • • •	2,688,862.				
•			s (Part IX, column (A), lines 11a-11d, 11f-24e)			26,075,532	_	26,077,566.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	E Contraction of the second		83,940,077 -4,110,772	-	86,294,890.
or	19 R	evenue less	expenses. Subtract line 18 from line 12		Reginning	of Current Yea	_	1,579,315. End of Year
ets o ance	20 T	'otal assets (F	art X, line 16)	-		26,689,943	_	224,822,754.
Sign 1			(Part X, line 16) (Part X, line 26)			45,618,614	_	33,584,164.
Ξ C I			und balances. Subtract line 21 from line 20	Γ		.81,071,329	-	191,238,590.
Par		Signature						
			declare that I have examined this return, including accompanying s				ny knov	vledge and belief, it is
true, c	orrect,	and complete.	Declaration of preparer (other than officer) is based on all informat	ion of which prepa	rer has any	knowledge.		
	Ļ	Kelly	Q			2/10/202		
Sign		Signatyse of 78				Date		
Here			C, VP, COO/CFO, TREASURER					
		Type or print n			Date	Ohard		PTIN
Dete		Print/Type prep		Check if				
Paid Propa	-	ARAH HINTZ	SARAH HINTZ		02/05/2			200492291)746749
Prepa Use O		Firm's name Firm's address	8390 EAST CRESCENT PARKWAY, SUITE 300			Firm's EIN	±1-(,, 10,117
030 0	y	Firm's address	GREENWOOD VILLAGE, CO 80111			Phone no. (3	303) 7	779-5710
May t	he IRS	S discuss this	return with the preparer shown above? See instructions				, , ,	X Yes No
				332001 12-21-23				Form 990 (2023)

Form	1990 (2023) CORNELL COLLEGE	42-0680335	Page 2
	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	CORNELL COLLEGE OFFERS AN INNOVATIVE AND RIGOROUS LEARNING COMMUNITY		
	WHERE FACULTY AND STAFF COLLABORATE WITH STUDENTS TO DEVELOP THE		
	INTELLECTUAL CURIOSITY, CREATIVITY AND MORAL COURAGE NECESSARY FOR A		
	LIFETIME OF LEARNING AND ENGAGED CITIZENSHIP.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v .
	prior Form 990 or 990-EZ?	Yes	s X No
~	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 m	oscured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.		
	revenue, if any, for each program service reported.	the total expenses, a	ind ind
4a	(Code:) (Expenses \$ 55,574,175. including grants of \$ 36,965,410.) (Revenue	\$ 53,69	9,816.)
Ĩ	INSTRUCTION, ACADEMIC SUPPORT, CONTINUING EDUCATION AND THE LIBRARY:	Ψ	_,,
	CORNELL COLLEGE, A SELECTIVE LIBERAL ARTS COLLEGE IN MOUNT VERNON,		
	IOWA, IS RECOGNIZED AS ONE OF THE "COLLEGES THAT CHANGE LIVES." THE		
	ACADEMIC IMMERSION OF ITS ONE COURSE AT A TIME CURRICULUM ALLOWS		
	STUDENTS TO FOCUS ON A SINGLE ACADEMIC SUBJECT PER 18-DAY BLOCK. SINCE		
	PROFESSORS ONLY TEACH ONE BLOCK AT A TIME, STUDENTS HAVE MORE ACCESS TO		
	PROFESSORS, AND PROFESSORS CAN TEACH STUDENTS OFF-CAMPUS IN WHATEVER		
	VENUE BEST FITS THE MATERIAL. WITH A STUDENT BODY FROM 45 STATES,		
	PUERTO RICO, AND 24 COUNTRIES OUTSIDE THE US, AND RENOWNED VISITING		
	SPEAKERS, FACULTY, AND ENTERTAINERS, CORNELL OFFERS THE WORLD FROM ITS		
	HILLTOP CAMPUS.		
4b		\$	0.)
	STUDENT AID AND FINANCIAL ASSISTANCE: STUDENTS INVEST IN THEIR		
	EDUCATION AT CORNELL COLLEGE, AND CORNELL INVESTS IN THEIR FUTURES.		
	CORNELL COLLEGE GRADUATES ARE GETTING JOBS		
	AND NOT BURDENED BY DEBT, AS SHOWN BY OUR LOW AVERAGE LOAN DEFAULT RATE. COMPARED TO GRADUATES OF OTHER FOUR-YEAR INSTITUTIONS.		
	CORNELLIANS ARE TWICE AS LIKELY TO HAVE THE MEANS TO PAY OFF STUDENT		
	LOANS. 91% OF CORNELL'S 2024 GRADUATING CLASS COMPLETED THEIR DEGREES		
	IN FOUR YEARS OR LESS. CORNELL'S MEDICAL SCHOOL ACCEPTACE RATE IS 77%		
	FOR FIRST TIME APPLICANTS (2008-2021); THE NATIONAL AVERAGE FOR THOSE		
	YEARS IS 40%. THE LAW SCHOOL ACCEPTANCE RATE FOR ALL CORNELL GRADUATES		
	(2010-2021) IS 82%; THE NATIONAL AVERAGE FOR THOSE YEARS IS 73%.		
4c	(Code:) (Expenses \$ 8,811,091. including grants of \$ 0.) (Revenue	\$11,57	8,625.)
	AUXILIARY ENTERPRISES (HOUSING, DINING, STUDENT UNION AND SERVICE		
	CENTER):		
	FOUNDED IN 1853, CORNELL'S PICTURESQUE HILLTOP CAMPUS CONTAINS A MIX OF		
	HISTORIC AND MODERN FACILITIES, RANGING FROM THE MAJESTIC KING CHAPEL		
	TO THE NEWLY RENOVATED THOMAS COMMONS. IT IS LOCATED IN MOUNT VERNON,		
	IOWA-AN URBAN FRINGE COMMUNITY RECOGNIZED BY FROMMER'S AS ONE OF		
	"AMERICA'S COOLEST SMALL TOWNS" AND LOCATED IN THE HEART OF IOWA'S		
	CREATIVE CORRIDOR. CORNELL'S HILLTOP CAFE WAS NAMED THE SECOND BEST		
	DINING HALL IN THE NATION BY BESTCOLLEGES.COM IN 2015.		
A!	Other program conviews (Deparing on Schedule O.)		
40	Other program services (Describe on Schedule O.)	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 77,659,627.)	
-+0		Form	990 (2023)
33200	2 12-21-23		(2020)
000	3		

Part W Checklist of Required Schedules Yes No. 1 Is the organization described in section 501(c)) or 4947(a)(1) (ofter than a private foundation? 1 X 2 Is the organization regord in deco ninders of tables of Coreburg? See instructions 1 X 2 X X X X X 3 X X X X X 4 Section 50(4) Complete Schedule C, Part I X X 5 Is the organization regord in Addres of tables of colligiol organization to account the tables of tables o		990 (2023) CORNELL COLLEGE 42-068033	35	Р	age 3
1 Is the organization described in section 501(k) and 407(k)(1) (other than a private foundation)? I X 2 Is the organization required to complete Schedule <i>Q</i> , <i>But I</i> 2 X 3 X Section 501(k) election in effect in direct or index policital campaign activities on bohal of or inopposition to candidates for a privation schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 501(k) election in effect in the schedule <i>C</i> , <i>Part I</i> 4 X 5 State organization as active for the Privation or investment of Yreq, complete Schedule <i>C</i> , <i>Part I</i> 6 X 6 Debt the organization as active for the Privation or investment of Yreq, complete Schedule <i>C</i> , <i>Part I</i> 6 X 7 Debt the organization mathain any done advised functs or any similar funds or accounts? If Yreq, complete Schedule <i>D</i> , <i>Part I</i> 6 X 7 Debt the organization mathain collection or investment of anounts in sub funds or accounts? If Yreq, complete Schedule <i>D</i> , <i>Part I</i> 7 X 7 Debt the organization mathain collection or investment or anounts in sub funds or accustration anount in part Yreq, complete Schedule <i>D</i> , <i>Part I</i> 7 X 8 Debt the organization mathain collection or investment or anounts in sub funds account lisabitility servera sa custodiation for amount in part	Pa	rt IV Checklist of Required Schedules			
If **** 1 X 2 1s the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X 3 Did the organization required to complete Schedule B, Part I 3 X 4 Sectors 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(b) election in effect diminist that makes year I'' reg. 'complete Schedule C, Part II 4 X 5 1s the organization marking the Schedule C, Part II''reg. 'complete Schedule C, Part II 5 X 9 Dot the organization engage in tobbying activities, or have a section 501(b) election in effect 5 X 9 Dot the organization engage and one adviced into sor any similar intos or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or account lability, serve as a custabilian for amounts not liked in Part X, provide organization, replant and areas, or bisicin structures? 7 X 9 Did the organization replant an amount for Part X, line 21, for escretor or custabilian comments: a solution services? 7 X 10 Did the organization replant an amount for land, buildings, and equipment in Part X, line 10? 1				Yes	No
1 International equivalence of the complete Schedule () Schedule of Contributors ? See instructions 1	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization engage in direct or index policitical campages activities on behalf of ori nopposition to and/dates for public officien? (**ex** complete Schedule C, Part I 3 X 4 Section 501(P(4)) Sorparization engage in lobbying activities, or have a section 501(P) election in effect during the tax yse? (**ex**) complete Schedule C, Part I 4 X 5 Into organization action 501(P(4), 501(P(5), or 501(P(6)) organization that receives membership dues, assessments, or similar anounces as defined in Parvice. Tool (**ex**) (**ex***) (**ex****) (**ex*****) (**ex******) (**ex******************) (**ex**********************************		If "Yes," complete Schedule A	1	Х	
3 Did the organization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public officer // *res_" completes Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the say and P (*res," complete Schedule C, Part I 4 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that neoves membership duss, assessments, or similar amounts as defined in the NP. Too 591(b) (*res, 'complete Schedule C), Part I 6 x 6 Did the organization assessment, including assemmts is bach funds or accounts for which donars have the right to provide advice on the distinution or investment of amounts in such funds or accounts for which donars have the right to provide advice on the distinution or investment of amounts in such funds or accounts for which donars have the right to provide advice on the distinution or investment of amounts in such funds or accounts for which donars have the right to provide advice on the distinution or investment of a mounts in such funds or accounts for which donars have the right to provide advice on the distinution or investment of a mount in Part X, line 21, for ecores or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, redit regati, or debit megation services? 7 X 10 Did the organization report an amount for line. Undidings, and oquipment in Part X, line 10? If 'res, 'complete Schedule D, Part W 0 X 11 Did the organization report an amount for investments. othere securities in Part X, line 12? If 'res, 'comple	2		2	х	
public office? If 'Yes, 'complete Schedule C, Part I 3 X 4 Section 501(kg) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a socient 501(c)(k) of 501(c)(k) or 501(c)(k) or 501(c)(k) or 501(c)(k) or 501(c)(k) or accounts for which donos have the right or particulation animultaria any donor advised funds or any similar funds or accounts for which donos have the right or provide advised areas, or historic or amounts and areas, or historic or amounts in a dimension in accounts for which donos have the right or the environment, historic laid reasure, in activitic or laid transure, 'complete Schedule D, Part II 5 X 7 Did the organization maintain collections of vorks of at, historical treasures, or other similar asset? If 'Yes, 'complete Schedule D, Part II 7 X 8 Did the organization maintain collections of vorks of at, historical treasures, or other similar asset? If 'Yes, 'complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in door vastricted endownents or in quasi endownents? If 'Yes, 'complete Schedule D, Part II 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17/ 'Yes, 'complete Schedule D, Part X 11 12 If the organization report an amount for inves	3				
9 Section 501(r)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(r)(4) Sorganizations. A complete Schedule C, Part II X 5 In the organization ascients 501(r)(4), 501(r)(6), or 501(r)(6) organization that ceaves membrain dues, assessments, or similar amunuts as defined in Rev Proc. 98-19(r) if yr(s), complete Schedule C, Part II S X 6 Did the organization reside of bodia conservation assessment, houlding assements to prevay to prevay complete Schedule D, Part II S X 7 Did the organization reside of bodia conservation assessment, houlding assements to prevay to prevay can pace, the environment, histonic and resides of art, historical transures, or other similar assets? If Yros, "complete Schedule D, Part II Schedule D, Part II 8 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian from asset any of the following questions is Yes, "then complete Schedule D, Part V 8 X 10 Did the organization report an amount for law setter of the schedule D, Part V 10 X 11 if the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16?, Part VII 10 X 11 if the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets re			3		x
during the tax year? II "Yes," complete Schedule C, Part II. 4 X 5 Is the organization a section Bio(Ha), 501(Kb) or 501(Kb) complete Schedule C, Part III. 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such tands or accounts? II "Yes," complete Schedule D, Part II. 6 X 7 Did the organization receive or hold a conservation easements including assements to preserve open space, the environment, historic fund areas, or historic instructers? II "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in avel the single schedule D, Part II. 8 X 9 Did the organization function of works of art, historical treasures, or other admonstration services? II "Yes," complete Schedule D, Part II. X 10 Did the organization function or throwshowing questions is "Yes," then complete Schedule D, Part IV. III X III X 11 If the organization report an amount for investments - brogram leaded in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VI IIII X 12 Did the organization report an amount for investments - program leaded in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part XI IIII X 13 Did the organization report an amount for investimets - program, leaded in Part X, line 12	4				
5 Is the organization section 501(c)(b) or 501(c)(c) or 501(c)(c)(c) or 501(c)(c)(c) or 501(c)(c)(c) or 501(c)(c)(c) or 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(4		x
similar amounts as defined in Rev. Proc. 98-19? /f Yee," complete Schedule C, Part II. 5 X 6 Did the organization maintain any donar advised funds or any summary fund advise on counts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? /f Yee, "complete Schedule D, Part II 6 X 7 Did the organization maintain a conservation assement, including assement is to preserve open space, the environment, historic lad areas, on historic structures? /f Yee, "complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f Yee, "complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for server or custical account liabity, serve as a custodian for amounts on thread organization, hold assets in donor restricted endowments or in quasa-andowments? /f Yee, "complete Schedule D, Part V 8 X 10 Did the organization answer to any of the following questions is Yee, "then complete Schedule D, Part V, UI, VIII, VII, VII, VII, VII, VII, V	5		<u> </u>		
6 Did the organization maintain any doner advised funds or any similar funds or accounts for which doners have the right to provide advice on the distribution or investment of anounts in such funds or accomplete Schedule D, Part II 8 7 Did the organization maintain any doner advised funds or any similar funds or accounts for which doners have the inplot to preserve open space, the environment. Instolo i and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts or through a related organization, hold assets in donor restricted endowments or in quasi-andowments? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 114 X 12 Did the organization report an amount for investments - other assets in donor restricted endowments are part VI. 116 X 13 Did the organization report an amount for investments - other securities i	· ·		5		x
provide advice on the distribution or investment of anounts in such funds or accounts? // *Yes,* complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // *Yes,* complete Schedule D, Part II 7 X 8 Did the organization receive on hold a conservation of works of art, historical treasures, or other similar assets? // *Yes,* complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no tilsted in Part X, vor provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for investments - other securities in Part X, line 107 H 'Yes,* complete Schedule D, Part V 10 X 12 X Did the organization report an amount for investments - other securities in Part X, line 107 H 'Yes,* complete Schedule D, Part V 111 X 13 X Did the organization report an amount for investments - other securities in Part X, line 107 H 'Yes,* complete Schedule D, Part X 10 X 14 W 'Yes,* com	6		<u>ل</u>		
7 Did the organization neceive or hold a conservation essement, including essements to preserve open space. the environment, hatoric land areas, or historic structures 7 / w ² /w ² ₀ complete Schedule D, Part 1 // ·································	Ŭ		6		x
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 17 16 X 18 Did the organization report more than \$15,000 total of fundraising event gross i					
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II					<u> </u>
			21		x
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Form	990 (2023) CORNELL COLLEGE 42-06803	35	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		040	x	
L.	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			x
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u></u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
22	Did the organization requirate, terminate, or dissorve and cease operations: <i>IF Yes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51		
32		32		x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
•••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
<u></u>	Part V, line 1	34	X	──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1549)		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c	х	
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	<u>990 (2023)</u> CORNELL COLLEGE 42-06803	35	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1010			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fa		Ea		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
		1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	5 12-21-23	Form	990	(2023)

	n 990 (2023) CORNELL COLLEGE	42-068		P	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 three	ough 7b below, and fo	or a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S				
	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sec	ction A. Governing Body and Management				
				Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	vith any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the c				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990				X
5	Did the organization become aware during the year of a significant diversion of the organization's asset				x
6					X
7a					
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stor				
			7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year t				
а		-	8a	х	
b				х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
ec	ction B. Policies (This Section B requests information about policies not required by the Internal Reve		<u></u>		
		140 0000./		Yes	No
Da	a Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body b			х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b				х	
	on Schedule O how this was done	,	12c	х	
3	Did the organization have a written whistleblower policy?			х	
4	Did the organization have a written document retention and destruction policy?		14	х	
5	Did the process for determining compensation of the following persons include a review and approval b				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,,			
а	The organization's CEO, Executive Director, or top management official		15a	х	
	• Other officers or key employees of the organization			х	
Ň	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme 	nt with a			
ou			16a		x
h	 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 		. 100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate				
	exempt status with respect to such arrangements?		16h		
ec	ction C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filedIA, CA, IL, NY, MN				
7 0		000 T (associate E01(a)	(2) a anh i)	ov cilo	bla
8		990-1 (Section 501(c)	(S)S ONIY)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain of the content of the				
0			and finan		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy,	and finan	ciai	
~	statements available to the public during the tax year.	Anoth manual top 1 business relationship with any other 2 business relationship with any other 2 commed by or under the direct supervision other person? 3 since the prior Form 990 was filed? 4 the organization's assets? 5 e power to elect or appoint one or 7a roval by) members, stockholders, or 7b ndertaken during the year by the following: 8a A, who cannot be reached at the ischedule O 9 red by the Internal Revenue Code.) Yes this Form 990. 11a 13 10b its governing body before filing the form? 11a this Form 990. 12e 13 12b a review and approval by independent ration and decision? 15a is. 15b is. 16a is. 16b cosafeguard the organization's 16b cosafeguard the organization's 16b if applicable), 990, and 990-T (section 501(c)(3)s only) available iy. Other (explain on Schedule O) erning documents, conflict of interest policy, and financial			
0	State the name, address, and telephone number of the person who possesses the organization's books	s and records			
	KELLY FLEGE - (319)895-4383				
	600 FIRST STREET W, MOUNT VERNON, IA 52314		F	000	(0000
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<u>^</u>	205 131839 A372725 2023.05040 CORNELL C			7 7	705
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Form 990 (20	23) CORNELL COLLEGE	42-0680335	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
I	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		
● List all	e this table for all persons required to be listed. Report compensation for the calendar year endi of the organization's current officers, directors, trustees (whether individuals or organizations), olumns (D), (E), and (F) if no compensation was paid.	0 0	,

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trustee		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con		1033-1120)		organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) BRAND, JONATHAN	40.00									
PRESIDENT		х		х				334,837.	0.	88,935.
(2) FLEGE, KELLY	40.00									
VP, COO/CFO, TREASURER				Х				191,155.	0.	38,294.
(3) CRAWFORD, ILENE	40.00									
VP FOR ACADEMIC AFFAIRS						X		152,764.	0.	35,992.
(4) HARP, JOHN	40.00									
SPECIAL ASST TO THE PRESIDENT						X		131,931.	0.	23,708.
(5) BECKEMEYER, WENDY	40.00									
VP FOR ENROLLMENT MGMT						x		224,549.	0.	41,670.
(6) COLUMBUS, KRISTI	40.00									
AVP FOR ALUMNI & COLLEGE ADV	10.00					X		132,677.	0.	18,628.
(7) WILSON, JACQUELINE	40.00							102 000	•	07 417
AVP FOR ACADEMIC AFFAIRS	2.00					X		123,229.	0.	27,417.
(8) THOMAS, JAN CHAIR	3.00	x		x				0.	0.	0
(9) JENSEN, JEFFREY	4.00	~		^				0.	0.	0.
IMMEDIATE PAST CHAIR	4.00	x						0.	0.	0.
(10) DURHAM, THOMAS	3.00							°.		
TRUSTEE		x						0.	0.	0.
(11) MCGRANE, JOHN	3.00									
CHAIR, FINANCE COMMITTEE		х						0.	0.	0.
(12) BAYNARD, TAHLLEE	1.00									
CHAIR, GOVERNANCE COMMITTEE		х						0.	0.	0.
(13) STOLL, SHERYL ATKINSON	1.00									
CHAIR, ENDOWMENT GROWTH COMMITTEE		х						0.	0.	0.
(14) KAO, FRANCES	1.00									
AT LARGE, EXECUTIVE COMMITTEE		Х						0.	0.	0.
(15) WEISS, KEVIN	1.00									
AT LARGE, EXECUTIVE COMMITTEE		Х						٥.	0.	0.
(16) SIMMER, SCOTT	3.00									
AT LARGE, EXECUTIVE COMMITTEE		х					L	0.	0.	0.
(17) EPPS, FELECIA	1.00									
TRUSTEE		Х						0.	0.	0.

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Form 990 (2023)

Local Process of	Form 990 (2023) CORNELL COLLE	GE								42-06803	35	F	Page 8
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Number of the stress of the	(A)	(B)			(0	C)			(D)	(E)		(F)	
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1b Subtotal 1,291,142. 0. 274,644. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. d Total (add lines 1b and 1c) 1,291,142. 0. 274,644. 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 10 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a', if "yes," complete Schedule J for such individual 10 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a, ecive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors Independent Contractors 1 Complete Schedule J for such person 1 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. 6 6 X 1 Complete Schedule J for	(27) DEANGELES, STEVEN	1.00											
c Total from continuation sheets to Part VII, Section A 0.<	TRUSTEE		Х								·		
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	\$100,000 of compensation from the organiz	ation				16	5					000	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

RUSTEE 29) GUNN, STUART RUSTEE 30) KHAN, SULTAN RUSTEE 31) LUMANOG, JACK RUSTEE 32) MAITLAND, KIMBERLY RUSTEE 33) MCLENNAN, ROBERT RUSTEE 34) REED, HARPER RUSTEE 35) SMITH, JOHN	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00	stee or director		(Pos	C) ition			(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
Name and title (28) MACK, WARREN (28) MACK, WARREN (29) GUNN, STUART (29) GUNN, STUART (29) GUNN, STUART (29) GUNN, STUART (30) KHAN, SULTAN (31) LUMANOG, JACK (31) LUMANOG, JACK (31) LUMANOG, JACK (32) MAITLAND, KIMBERLY (33) MCLENNAN, ROBERT (34) REED, HARPER (35) SMITH, JOHN	Average hours per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director	heck	Pos all	ition that	app		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensatior from the organization and related
28) MACK, WARREN RUSTEE 29) GUNN, STUART RUSTEE 30) KHAN, SULTAN RUSTEE 31) LUMANOG, JACK RUSTEE 32) MAITLAND, KIMBERLY RUSTEE 33) MCLENNAN, ROBERT RUSTEE 34) REED, HARPER RUSTEE 35) SMITH, JOHN	hours per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director	heck	c all ·	that	app		compensation from the organization	compensation from related organizations	amount of other compensatior from the organization and related
(28) MACK, WARREN FRUSTEE (29) GUNN, STUART FRUSTEE (30) KHAN, SULTAN FRUSTEE (31) LUMANOG, JACK FRUSTEE (32) MAITLAND, KIMBERLY FRUSTEE (33) MCLENNAN, ROBERT FRUSTEE (34) REED, HARPER FRUSTEE (35) SMITH, JOHN FRUSTEE	week (list any hours for related organizations below line) 1.00 1.00 1.00	X Individual trustee or director						from the organization	from related organizations	compensatior from the organization and related
TRUSTEE (29) GUNN, STUART TRUSTEE (30) KHAN, SULTAN TRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	(list any hours for related organizations below line) 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	organization		from the organization and related
TRUSTEE (29) GUNN, STUART TRUSTEE (30) KHAN, SULTAN TRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	hours for related organizations below line) 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key em ployee	Highest compensated empl	Former		(W-2/1099-MISC)	organization and related
TRUSTEE (29) GUNN, STUART TRUSTEE (30) KHAN, SULTAN TRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	related organizations below line) 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest com pen sated	Former	(W-2/1099-MISC)		and related
TRUSTEE (29) GUNN, STUART TRUSTEE (30) KHAN, SULTAN TRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	organizations below line) 1.00 1.00 1.00	x x	Institutional trus	Officer	Key employee	Highest com pen	Former			
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TRUSTEE (30) KHAN, SULTAN PRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	1.00							0.	Ο.	c
TRUSTEE (30) KHAN, SULTAN PRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	1.00									
TRUSTEE (31) LUMANOG, JACK TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	1.00	x						0.	0.	c
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TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN								0.	0.	(
TRUSTEE (32) MAITLAND, KIMBERLY TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	1.00									
TRUSTEE (33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN	1.00	х						0.	Ο.	C
(33) MCLENNAN, ROBERT TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN										
TRUSTEE (34) REED, HARPER TRUSTEE (35) SMITH, JOHN		х						٥.	0.	(
(34) REED, HARPER TRUSTEE (35) SMITH, JOHN	1.00									
TRUSTEE (35) SMITH, JOHN		х						0.	0.	(
(35) SMITH, JOHN	1.00									
		х						0.	0.	(
TRUSTEE	1.00									
		х						0.	0.	C
(36) SUDOL, ERIC	1.00									
TRUSTEE		х						0.	0.	C
(37) URHEIM, MAXINE	1.00									
TRUSTEE		Х						0.	0.	(
		1								
										1

	t VII			COLLEGE UE						5 Pag
		Check if Schedule O o	conta	ains a respo	nse	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
s	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
	с	Fundraising events		1c						
are		Related organizations								
Ĩ		Government grants (contri								
2	f	All other contributions, gifts,	grant	s, and						
rne		similar amounts not included	abov	re 1f		12,792,285.				
	g	Noncash contributions included in	lines 1	a-1f 1g	6	580,727.				
an	h	Total. Add lines 1a-1f					12,792,285.			
						Business Code				
	2 a	TUITION AND FEES				611310	53,342,340.	, ,		
Ð	b	DINING				722514	6,009,956.			
enu	с	RESIDENCE				721310	5,150,763.			
lev	ŭ	ATHLETICS				711210	417,906.	417,906.		
Hevenue	•	EDUCATIONAL TRIPS				611710	357,476.	357,476.		
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					65,278,441.			
	3	Investment income (incluc	ling o	dividends, i	ntere	st, and				
		other similar amounts)				2,753,379.		2,047.	2,751,3	
	4	Income from investment of				ſ				
	5	Royalties								
				(i) Rea		(ii) Personal				
		Gross rents	6a	165,4						
		Less: rental expenses	6b	111,6						
		Rental income or (loss)	6c	53,8						
		Net rental income or (loss))				53,840.			53,8
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	20,507,3	67.					
	b	Less: cost or other basis								
		and sales expenses		21,021,6						
		Gain or (loss)	7c				F14 020			F14 0
		Net gain or (loss)			······		-514,238.			-514,2
	8 a	Gross income from fundraisir								
		including \$								
		contributions reported on		-						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from								
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s <u></u>					
	10 a	Gross sales of inventory, l			100					
	h	and allowances Less: cost of goods sold			10a 10b					
						1				
+	C	Net income or (loss) from	Sales		у	Business Code				
	11 a	INSURANCE RECOVERIE	s			524298	6,710,000.			6,710,0
an	па b	ALL OTHER REVENUE				900099	720,638.			720,6
evenue		BRACKETT HOUSE				721110	720,038.		74,330.	5,5
e Y	-					,21110	, , , , , , , , , , , , , , , , , , , ,		, _∓ , ₅₅₀ .	5,5
		All other revenue				<u> </u>	7,510,498.			
_		Total. Add lines 11a-11d					87,874,205.	65,278,441.	76,377.	9,727,1
	12	Total revenue. See instruction	JUS				01,014,200.	0,2,0,441.	10,311.	יב, יבי, ב

CORNELL COLLEGE Form 990 (2023) 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).

0000	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	36,940,425.	36,940,425.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	24,985.	24,985.		
4	Benefits paid to or for members	, · ·	1 -		
5	Compensation of current officers, directors,				
5	trustees, and key employees	687,149.		687,149.	
6					
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	18,259,227.	15 205 202	1 (57 001	1 200 012
7	Other salaries and wages	18,259,227.	15,205,383.	1,657,231.	1,396,613
8	Pension plan accruals and contributions (include	1 001 000	000 510	<i>c</i> =	
	section 401(k) and 403(b) employer contributions)	1,081,968.	928,712.	67,954.	85,302
9	Other employee benefits	2,040,559.	1,696,769.	188,055.	155,735,
10	Payroll taxes	1,183,011.	955,817.	139,402.	87,792.
11	Fees for services (nonemployees):				
а	Management	379,337.	86,547.	289,923.	2,867
b	Legal	111,489.	384.	111,105.	
	Accounting	66,418.		66,418.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	60,098.		60,098.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	35,826.	20,957.		14,869.
12	Advertising and promotion	1,244,900.	1,127,475.	12,390.	105,035,
13	Office expenses	2,263,044.	1,935,784.	40,733.	286,527
14	Information technology	903,256.	204,551.	618,640.	80,065
15	Royalties	,	,	,	,
16	Occupancy	4,145,333.	3,691,401.	246,424.	207,508.
17		2,151,614.	1,897,313.	136,680.	117,621
18	Payments of travel or entertainment expenses	-,,•	_,,		
10	for any federal, state, or local public officials				
10	· · · · · · ·	83,358.	67,551.	13,522.	2,285
19 20	Conferences, conventions, and meetings	1,909,301.	1,719,125.	174,563.	15,613
20	Interest	1,909,301.	±,/±3,±23.	T/4,000.	13,013
21	Payments to affiliates	7 274 022	7 012 200	172 155	80 107
22	Depreciation, depletion, and amortization	7,274,022. 929,625.	7,012,380.	172,155. 929,596.	89,487
23		929,025.	29.	929,590.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	0 800 000	0 000 000		
а	DINING	3,788,339.	3,780,830.	6,736.	773
b					
С					
d					
е	All other expenses	731,606.	363,209.	327,627.	40,770
25	Total functional expenses. Add lines 1 through 24e	86,294,890.	77,659,627.	5,946,401.	2,688,862
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010	12-21-23				Form 990 (20)
332010	12-21-23	12			Form S

art X	(2023) CORNELL COLLEGE				42 00	80335 Page	
	Check if Schedule O contains a response or note	to any lin	e in this Part X			Γ	
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing				1		
2	Savings and temporary cash investments	6,178,428.	2	6,592,82			
3	Pledges and grants receivable, net	15,787,258.	3	12,975,15			
4	Accounts receivable, net	1,059,071.	4	637,96			
5		Loans and other receivables from any current or former officer, director,					
	trustee, key employee, creator or founder, substa	intial cont	tributor, or 35%				
	controlled entity or family member of any of these				5		
6		Loans and other receivables from other disqualified persons (as defined					
	under section 4958(f)(1)), and persons described		6				
7	Notes and loans receivable, net			7			
7 8 9	Inventories for sale or use	76,692.	8	79,60			
9	Prepaid expenses and deferred charges			385,755.	9	773,84	
10;	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	202,189,434.				
	Less: accumulated depreciation	10b	94,826,696.	111,523,848.	10c	107,362,73	
11		76,778,791.	11	82,850,2			
12	Investments - other securities. See Part IV, line 1		823,540.	12	673,2		
13	Investments - program-related. See Part IV, line 1			1,142,499.	13	1,265,2	
14	Intangible assets	, ,	14	, ,			
15	Other assets. See Part IV, line 11	12,934,061.	15	11,611,8			
16	Total assets. Add lines 1 through 15 (must equa	226,689,943.	16	224,822,7			
17	Accounts payable and accrued expenses	4,864,567.	17	4,089,1			
18	Grants payable			, ,	18		
19	Deferred revenue			225,262.	19	266,7	
20	Tax-exempt bond liabilities			20,268,027.	20	7,500,0	
21	Escrow or custodial account liability. Complete P			, ,	21	. , ,	
20	Loans and other payables to any current or forme						
22	trustee, key employee, creator or founder, substa						
	controlled entity or family member of any of these		· ·		22		
23	Secured mortgages and notes payable to unrelat	-			23		
24	Unsecured notes and loans payable to unrelated		·····	13,124,309.	24	16,235,1	
25	Other liabilities (including federal income tax, pay					, ,	
20	parties, and other liabilities not included on lines						
	of Schedule D			7,136,449.	25	5,493,1	
26				45,618,614.	26	33,584,1	
	Organizations that follow FASB ASC 958, chec		X	, , -		/	
	and complete lines 27, 28, 32, and 33.						
27				89,129,384.	27	90,022,5	
28	Net assets with donor restrictions			91,941,945.	28	101,215,9	
20	Organizations that do not follow FASB ASC 95			, , -			
	and complete lines 29 through 33.	o, oneon					
29	Capital stock or trust principal, or current funds				29		
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equ				30		
21					31		
31	Retained earnings, endowment, accumulated inc Total net assets or fund balances			181,071,329.	31	191,238,59	
32							

Form 990 (2023)

Form	990 (2023) CORNELL COLLEGE	42-068033	5	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	87	,874,	205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86	,294,	890.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,579,	315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	181	,071,	329.
5	Net unrealized gains (losses) on investments	5	8	,340,	670.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		247,	276.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	191	,238,	590.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	Х	L
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form 990 (2023)

SCHEDULE A	Duk	lic Cha	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047
(Form 990)			•					2023
	Comple		nization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ
Department of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public
Internal Revenue Service		www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Name of the organization Employer identification					identification number			
	CORNELL CO							42-0680335
Part I Reason	for Public Chari	ity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organization is not a	a private foundation b	because it is: (For lines 1 through 12, c	heck only	one box.)			
1 A church, co	nvention of churches	s, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2 X A school des	cribed in section 17	'0(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
	-	-	anization described in se			-		
	-	operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat								
			llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
	(b)(1)(A)(iv). (Comple							
		-	nental unit described in					
-	-		ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	b)(1)(A)(vi). (Comple							
·			(1)(A)(vi). (Complete Par					
-	-		in section 170(b)(1)(A)(-		-	-
· · · · · · · · ·	or a non-land-grant c	ollege of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
university:			H					d anna a stada faran
			than 33 1/3% of its supp					
	-		t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	aner June 30, 1975.
	509(a)(2). (Complete	-	ively to test for public est	oty Soo	agation E(O(a)(4)		
			ively to test for public sat ively for the benefit of, to				rn/ out tho	purposes of one or
0	•		ed in section 509(a)(1) o				-	
			f supporting organization					
	-	• •	upervised, or controlled		-		-	aivina
			gularly appoint or elect a	• • • •	-			
	n. You must comple	-		majority a				,pporting
	-		l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	vina
		-	anization vested in the sa			-		•
	n(s). You must com						5	
	. ,	• •	g organization operated	in connect	tion with. a	and functional	lv integrate	ed with.
). You must complete I				, 0	
			porting organization oper				ted organiz	zation(s)
that is not i	functionally integrate	ed. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	I an attentiv	/eness
			nplete Part IV, Sections					
e 🗌 Check this	box if the organization	on received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
functionally	integrated, or Type	III non-functio	nally integrated supportin	ng organiz	ation.			
f Enter the number	of supported organiz	zations						
	ing information abou			<i>•</i> • • •				
(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount o		(vi) Amount of other
organization	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
								<u> </u>
Total								
Total						1		I

Sch	edule A (Form 990) 2023 Co	ORNELL COLLEGE				42-06803	35 Page 2
	Int II Support Schedule for	Organizations	Described in \$	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	
	(Complete only if you checked	-					
	fails to qualify under the tests						-
See	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		((-/	(-) = = = =	(-,	() · · · · ·
-	membership fees received. (Do not						
	include any "unusual grants.")	20,619,159.	19,669,760.	16,884,263.	13,585,343.	12,792,285.	83,550,810.
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,619,159.	19,669,760.	16,884,263.	13,585,343.	12,792,285.	83,550,810.
5	The portion of total contributions		· · ·		· ·		
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,094,255.
6	Public support. Subtract line 5 from line 4.						70,456,555.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	20,619,159.	19,669,760.	16,884,263.	13,585,343.	12,792,285.	83,550,810.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	909,882.	641,837.	1,529,175.	2,072,852.	2,916,778.	8,070,524.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			2,979.	6,512.	2,047.	11,538.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	344,138.	1,364,726.	1,846,588.	3,470,925.	7,436,168.	14,462,545.
11	Total support. Add lines 7 through 10						106,095,417.
12	Gross receipts from related activities,	-				12	291,608,725.
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stor						
See	ction C. Computation of Publi		-				
14	Public support percentage for 2023 (I					14	66.41 %
15	Public support percentage from 2022					15	68.13 %
16a	33 1/3% support test - 2023. If the o	-		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					U% Or
	more, and if the organization meets the						
18	organization meets the facts-and-circu Private foundation If the organization		•				
10	Private foundation. If the organization	T UIU HOL CHECK A		, 100, 17a, 01 17D	, UNCON LINS DOX A		Form 990) 2023
						Schedule A	1 5111 550 2025

 Schedule A (Form 990) 2023
 CORNELL COLLEGE

 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified 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 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by l	line 13, column (f)))	17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r				33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
332023 12-21-23		ź	· ·			ule A (Form 990) 2023
		17	7			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

Schedule A (Form 990) 2023

CORNELL COLLEGE

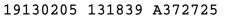
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990) 2023 CORNELL COLLEGE 4	12-0680335	Pa	age 5
	rt IV Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support</i>	ers, ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1e		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of a result of a r			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 CORNELL COLLEGE			42-0680335 Page
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualify			n Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	(P) Current Veer
ect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	-		nanization (see

instructions).

Schedule A (Form 990) 2023

Sche Par	dule A (Form 990) 2023 CORNELL COLLEGE t V Type III Non-Functionally Integrated 509(a)/3) Supporting Orga	nizatione / //	0	42-0680335	Page 7
			nizations (continue	<u>ea)</u>	Current Ye	
<u>3ect</u>	on D - Distributions Amounts paid to supported organizations to accomplish exer	mot purposes		1	Current to	al
2	Amounts paid to perform activity that directly furthers exemp					
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.	-		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2023	s	(iii) Distributa Amount for	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
<u>a</u>	From 2018					
b	From 2019					
C	From 2020					
	From 2021					
	From 2022					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CORNELL COLLEGE	42-0680335	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a d 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C, art V,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
ATHLETICS		
2019 AMOUNT: \$ 21,855.		
2020 AMOUNT: \$ 41,320.		
2021 AMOUNT: \$ 334,888.		
2022 AMOUNT: \$ 417,282.		
BRACKET HOUSE		
2019 AMOUNT: \$ 7,493.		
2020 AMOUNT: \$ 2,438.		
2021 AMOUNT: \$ 8,039.		
2022 AMOUNT: \$ 10,175.		
2023 AMOUNT: \$ 5,530.		
MISCELLANEOUS INCOME		
2019 AMOUNT: \$ 314,790.		
2020 AMOUNT: \$ 1,320,968.		
2021 AMOUNT: \$ 1,503,661.		
2022 AMOUNT: \$ 1,339,805.		
2023 AMOUNT: \$ 720,638.		
INSURANCE RECOVEIES		
2022 AMOUNT: \$ 1,703,663.		
2023 AMOUNT: \$ 6,710,000.		
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Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023
Name of the organization		Employer identification number
COR	NELL COLLEGE	42-0680335
Organization type (check or	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7	r), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Docusign Envelope ID: 367E6FC3-7444-4A52-8660-9125156074ED

	B (Form 990) (2023)		Page 2
Name of o	rganization	Emplo	oyer identification number
CORNELL	COLLEGE	4	2-0680335
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$311,672.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$333,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,006,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,208,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$625,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page 3
Name of or	rganization		Employer identification number
CORNELL	COLLEGE		42-0680335
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

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	3 (Form 990) (2023)			Page
Name of or	ganization			Employer identification number
ORNELL	COLLEGE			42-0680335
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ction 501(c)(7), (8), or (10)) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this in	fo. once.) \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
ŀ		(e) Transfer of git	+	
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		escription of how gift is held
Part I	(b) Fulpose of gift		(u) D	escription of now girt is neid
		(e) Transfer of gif	t	
ŀ	Transferee's name, address, ar		Relationship of	transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
1 0111				
F		(e) Transfer of gif	+	
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Part I	(b) Fulpose of gift		(u) D	escription of now girt is neid
		- <u></u>		
		(e) Transfer of gif	t	
	Tuesday - Is source and the		Delationship	han afavor to transformer
F	Transferee's name, address, ar		Relationship of	transferor to transferee
23454 12-26-	-23			Schedule B (Form 990) (2023

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		Supplement		OMB No. 1545-0047		
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 1	anization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZJ	
	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informatio	n.	Open to Public Inspection	
Nam	e of the organizati	on		Employer	identification number	
Dec		CORNELL COLLEGE			42-0680335	
Par		n answered "Yes" on Form 990, Part IV, li	ed Funds or Other Similar Funds or	Accounts.	Complete if the	
	organizatio		(a) Donor advised funds	(b) Funds an	d other accounts	
1	Total number at er	nd of year		(b) Farlas ar		
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised f	funds		
	are the organizatio	on's property, subject to the organization's	s exclusive legal control?		Yes No	
6	Did the organization	on inform all grantees, donors, and donor	advisors in writing that grant funds can be use	d only		
	for charitable purp	oses and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring		
Der	impermissible priv				Yes No	
Par			rganization answered "Yes" on Form 990, Part	IV, line 7.		
1		servation easements held by the organiza				
		n of land for public use (for example, recre				
		f natural habitat n of open space	Preservation of a c	ertified historic	structure	
2		• •	lified conservation contribution in the form of a	conservation e	asement on the last	
2	day of the tax year	e e .			at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
b		And a difference of the second s				
с	-	vation easements on a certified historic st				
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not						
	on a historic struct	ture listed in the National Register		. 2d		
3			eleased, extinguished, or terminated by the org		g the tax	
	year					
4		where property subject to conservation ea				
5	-		eriodic monitoring, inspection, handling of			
	,	orcement of the conservation easements				
6	Staff and voluntee	r nours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ation easements	s during the year	
7	Amount of expens		dling of violations, and enforcing conservation	essements duri	ing the year	
'	Amount of expens	ies incurred in monitoring, inspecting, har		easements dun	ing the year	
8	Does each conser	 vation easement reported on line 2d abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
					Yes No	
9			tion easements in its revenue and expense stat			
	balance sheet, and	d include, if applicable, the text of the foo	tnote to the organization's financial statements	that describes	the	
	organization's acc	ounting for conservation easements.				
Par		-	of Art, Historical Treasures, or Othe	r Similar Ass	sets.	
		f the organization answered "Yes" on For				
1 a	•	· ·	58, not to report in its revenue statement and l		vorks	
		· ·	iblic exhibition, education, or research in furthe	erance of public		
	· •		ancial statements that describes these items.		f	
b	-		58, to report in its revenue statement and bala			
			ic exhibition, education, or research in furthera	ince of public se	rvice,	
	•	ng amounts relating to these items. ded on Form 990 Part VIII line 1		\$		
2	.,		easures, or other similar assets for financial ga			
	•	unts required to be reported under FASB		· •		
а	-		~	\$		
LHA	For Paperwork R	eduction Act Notice, see the Instruction	ns for Form 990.	Sche	dule D (Form 990) 2023	
332051	09-28-23					
			27			

Sche	edule D (Form 990) 2023 CORNELL COI						42-068		Page	2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther \$	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ike sigr	nificant u	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other si	milar a	ssets		_		
_	to be sold to raise funds rather than to be ma							Yes	N	lo
Pa	rt IV Escrow and Custodial Arrang		e if the organizatior	answered "Yes	" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							_		
	on Form 990, Part X?						L	Yes	N	0
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amount		
с	0 0					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					lf		7		
	Did the organization include an amount on Fo				-	·?	L	Yes		0
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds Complete if									
Ιa	rt V Endowment Funds Complete if	(a) Current year	(b) Prior year	(c) Two years ba		1) Three y	/ears back		veare bac	
4.		92,001,160.	82,014,619.	93,803,6			35,185.		288,112	
1a	Beginning of year balance	7,047,081.	7,294,604.	· · ·		,	79,805.		802,585	
b	Contributions	9,372,633.	7,067,679.				99,813.	,	613,715	_
C h	Net investment earnings, gains, and losses	5,572,055.	1,001,015.	11,500,0	55.	10,2	,015.		015,715	<u> </u>
d										
е	Other expenditures for facilities	3,605,459.	4,403,939.	3,441,3	99	77	63,085.	з	339,502	2
	and programs	3,940,617.	-28,197.	· · ·			48,099.		229,725	
	Administrative expenses	100,874,798.	92,001,160.	· · · · ·			03,619.		135,185	
g 2	End of year balance [Provide the estimated percentage of the curr	, ,				55,5		°1,	<u> </u>	<u> </u>
2	Board designated or quasi-endowment	.2060	%	neiu as.						
a h	Permanent endowment 95.0970	%	_70							
c	Term endowment 4.6970									
Ŭ	The percentages on lines 2a, 2b, and 2c shou	, .								
3a	Are there endowment funds not in the posses	•	ion that are held ar	nd administered f	for the					
	organization by:							ſ	Yes No	<u> </u>
	(i) Unrelated organizations?							3a(i)	X	
								3a(ii)	X	_
b	If "Yes" on line 3a(ii), are the related organiza							3b		_
4	Describe in Part XIII the intended uses of the									_
Pa	rt VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	ırt X, lir	ne 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)		cumulate eciation	ed	(d) Bool	value	
1a	Land		·	,881,934.				9.	981,934	4.
b	Buildings		,	,808,373.	7	7,202,	106.	,	, 606,267	
c	Leasehold improvements			· · ·		. ,		,	·	
d			18	,876,162.	1	7,624,	590.	1,	251,572	2.
	Other			,522,965.					, 522,965	
	I. Add lines 1a through 1e. (Column (d) must e		line 10c column	(B))				107,	362,738	З.

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 CORNELL COLLEGE			42 - 0680335	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" on F	orm 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)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" on F	orm 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)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
Complete if the organization answered "Yes" on F	orm 990 Part IV line	11d See Form 990 Part X line 15		
(a) Desi			(b) Book v	value
				231,892.
				609,003.
(Z)				461,844.
(3) CSV LIFE INSURANCE (4) RIGHT-OF-USE LEASE				309,130.
			±,.	<u>, 130.</u>
(5)				
(6)				
(7)				
(8)				
(9)			11	C11 0C0
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B), Part X Other Liabilities)		11,0	611,869.
	aura 000 Daut IV lines		05	
Complete if the organization answered "Yes" on F	orni 990, Part IV, line	The or Thi. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book v	/aiue
(1) Federal income taxes				
(2) ANNUITIES PAYABLE				622,253.
(3) LIFE-INCOME PAYABLE				619,946.
(4) CONTRACT ADVANCES				627,206.
(5) ASSET RETIREMENT OBLIGATION				448,662.
(6) LEASE LIABILITY- FINANCE LEASE				980,313.
(7) LEASE LIABILITY- OPERATING LEASE			:	194,736.
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B),				493,116.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 CORNELL COLLEGE			42-0680335	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	s With F	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	59,548,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	8,340,670.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	358,882.		
е	Add lines 2a through 2d			2e	8,699,552.
3	Subtract line 2e from line 1			3	50,848,697.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,098.		
b	Other (Describe in Part XIII.)	4b	36,965,410.		
с	Add lines 4a and 4b			4c	37,025,508.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				87,874,205.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per R	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	49,380,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	111,606.		
е	Add lines 2a through 2d			2e	111,606.
3	Subtract line 2e from line 1			3	49,269,382.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,098.		
b	Other (Describe in Part XIII.)	4b	36,965,410.		
с	Add lines 4a and 4b				37,025,508.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	86,294,890.
Pa	t 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.

PART V, LINE 4:

THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS ENDOWMENT

FUND. ONE OF THE OBJECTIVES OF THIS FUND IS TO PROVIDE A PREDICTABLE

FUNDING STREAM FOR ITS PROGRAMS WHILE MAXIMIZING RETURNS ON THE

INVESTMENTS. THE COLLEGE HAS ADOPTED POLICIES TO COMPLY WITH FAS 117-1 AND

UPMIFA AS ADOPTED BY THE 2008 IOWA LEGISLATURE.

PART X, LINE 2:

THE COLLEGE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE COLLEGE MAY BE SUBJECT

TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED

BUSINESS ACTIVITIES. THE COLLEGE FILES A FORM 990 (RETURN OF ORGANIZATION

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Schedule D (Form 990) 2023 CORNELL COLLEGE		42-0680335	Page 5
Part XIII Supplemental Information (continued)			
EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOM	ME (UBI) IS		
REPORTED ON FORM 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUA	ATED THEIR		
MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX	X-EXEMPT		
STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF	UBI. AS OF		
JUNE 30, 2024 AND 2023, THERE WERE NO UNCERTAIN TAX BENEFITS	IDENTIFIED		
AND RECORDED AS A LIABILITY.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES	111,606.		
ACTUARIAL ADJUSTMENT ON LIFE INCOME AND ANNUITY AGREEMENTS	179,323.		
CHANGE IN VALUE OF PERPETUAL TRUST	67,953.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	358,882.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
SCHOLARSHIPS AND GRANTS NETTED WITH TUITION	36,965,410.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
RENTAL EXPENSES	111,606.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
SCHOLARSHIPS AND GRANTS NETTED WITH TUITION	36,965,410.		
		Schedule D (Form	1 990) 2023

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Part I

SCHEDULE E Schools OMB No. 1545-0047 (Form 990) 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. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization CORNELL COLLEGE 42-0680335 YES 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? х 1 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, 2

х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 х community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 SEE PART II Does the organization maintain the following? 4 a Records indicating the racial composition of the student body, faculty, and administrative staff? х 4a Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing С х with student admissions, programs, and scholarships? 4c х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5 Х a Students' rights or privileges? 5a х b Admissions policies? 5b c Employment of faculty or administrative staff? х 5c Scholarships or other financial assistance? Х 5d d х е Educational policies? 5e Х f Use of facilities? 5f х g Athletic programs? 5a Х

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. х 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a **b** Has the organization's right to such aid ever been revoked or suspended? Х 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 7 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering х racial nondiscrimination? If "No," explain on Part II

Other extracurricular activities?

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

5h

LHA 332061 10-25-23

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Schedule E (Form 990) 2023

NO

	42-0680335	Page
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.		
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:		
CORNELL COLLEGE HAS THE FOLLOWING STATEMENT ON THE		
APPLICATION FOR ADMISSION: CORNELL COLLEGE ADMITS QUALIFIED		
STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, AGE		
RELIGION, SEXUAL ORIENTATION, AND DISABILITY. CORNELL COLLEGE		
IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY INSTITUTION."		
THIS APPLICATION WOULD BE GIVEN TO ANY PERSON WANTING TO ATTEND CORNELL.		
CORNELL COLLEGE IS WORKING ON PLACING A NONDISCRIMINATORY STATEMENT ON THE		
HOMEPAGE OF THEIR WEBSITE.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE COLLEGE RECEIVES FEDERAL AND STATE GRANTS.		
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:		
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:		
CORNELL COLLEGE HAS THE FOLLOWING STATEMENT ON THE APPLICATION FOR ADMISSION: "CORNELL COLLEGE ADMITS QUALIFIED STUDENTS OF ANY RACE, COLOR,		
CORNELL COLLEGE HAS THE FOLLOWING STATEMENT ON THE APPLICATION FOR		
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Schedule E (Form 990) 2023

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites -	OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, c	or 16.	2023
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation.		Open to Public
Name of the organization					Employer ide	entification number
CORNELL COLLEGE					42-06803	25
	mation on A	ctivities Out	side the United States. Compl	ete if the organ		
Form 990, Part IV				ete il the organ		
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
			an be duplicated if additional space is r	1		(0 T)
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	OFF CAMPUS	TRIPS	88,938.
-						
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	OFF CAMPUS	TRIPS	113,199.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	OFF CAMPUS	Ͳϼϫϼϭ	284,647.
EAST ASIA AND THE	0	0	FROGRAM SERVICES	OFF CAMPOS	IKIFS	204,047.
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,						
CAMBODIA,	0	0	SCHOLARSHIPS			24,985.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM SERVICES	INSTRUCTION	1	31,615.
3 a Subtotal	0	0				543,384.
3 a Subtotal b Total from continuation	Ļ ,					
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				543,384.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

Schedule F (Form 990) 2023 CORNELL COLL	E 42-0680335	
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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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ______

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2023

Page 2

Schedule F (Form 990) 2023	CORNELL COLLEGE				42-0680335		Page 3
Part III Grants and Other Assistan	ce to Individuals Outside	e the United Sta	ites. Complete	if the organization answered "Yes'	' on Form 990, Par	t IV, line 16.	
Part III can be duplicated if				-			
(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)
	EAST ASIA AND THE						
INTERNATIONAL SCHOLARSHIP	PACIFIC	0	24,985.	N/A	0.	N/A	N/A

Schedule F (Form 990) 2023

Sched	ule F (Form 990) 2023 CORNELL COLLEGE	42-0680335	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X 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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F	(Form 990) 2023 CORNELL COLLEGE	42-0680335	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inf	ormation. See Instructions.	
ART I, I	LINE 3:		
CCRUAL			
0075 11 00	20	Schedule F (Form S	000) 00
32075 11-29-	38		200 202

SCHEDULE I Grants and Other Assistance to Organizations,									OMB No. 1545-0047				
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		2	023				
Department of the Treasury		Compi	ete ir the organizatio	Attach to Forn		rt iv, line 21 or 22.			en to Publi				
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.			spection				
Name of the organizati	on			0				Employer identifi	cation nun	nber			
	CORNELL COLLE	GE							0680335				
Part I General In	formation on Grants a	nd Assistance											
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on					
criteria used to award the grants or assistance?													
2 Describe in Part													
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 ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assis					

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

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

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

Schedule I (Fo	orm 990) 2023	CORNELL COLLEGE	42	2-0680335	Page 2

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 noncash assistance
EDUCATION - TUITION REMISSION	38	1,467,982.	0.	N/A	N/A
EDUCATION SEOG GRANTS	353	226,640.	0.	N/A	N/A
EDUCATION - GENERAL GRANTS	590	3,271,590.	0	N/A	N/A
		3,271,390.			
ENDOWED AND OTHER SCHOLARSHIPS	1052	31,974,213.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
CORNELL MONITORS ALL GRANT RESOURCES THROUGH FEDER	AL, STATE, AN	D			
NSTITUTIONAL AUDITS AS WELL AS FEDERAL, STATE, AN	D INTERNAL PC	LICY AND			
PROCEDURES AS WELL AS PERIODIC AUDITING BY AND REP	ORTING TO THE	FEDERAL			
DEPARTMENT OF EDUCATION. AN INDEPENDENT AUDIT FIRM	COMPLETES AN	ANNUAL			
AUDIT OF ALL GRANTS AND OTHER ASSISTANCE. CORNELL'	S MANAGEMENT	TAKES THE			
NECESSARY STEPS TO INSURE CORNELL IS IN COMPLIANCE	WITH THE MAN	Y FEDERAL			
EGULATIONS. RECIPIENTS OF GRANT AND OTHER ASSISTA	NCE ARE SELEC	TED ON AN			

EQUAL OBJECTIVELY DETERMINABLE BASIS WITH OTHER RECIPIENTS.

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	2	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic	
	al Revenue Service 1e of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			mber	
Inan	le of the organization	CORNELL COLLEGE	42-068		Jii iiu	liber	
Pa	rt I Question	s Regarding Compensation	12 000				
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		100		
		line 1a. Complete Part III to provide any relevant information regarding these items.	,				
	First-class or c		nal use				
	X Travel for com	i i i i i i i i i i i i i i i i i i i					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, 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	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2	Х		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	5				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	committee Written employment contract					
	Independent c	ompensation consultant					
	Form 990 of o	ther organizations	ommittee				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	•				v	
a		e payment or change-of-control payment?		41	x	X	
b	·	eive payment from a supplemental nonqualified retirement plan?			Δ	x	
с		eive payment from an equity-based compensation arrangement?		. <u>4c</u>			
	If Yes to any of in	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501/a)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
5	contingent on the r						
а	•			5a		x	
b	Any related organiz	ation?				x	
-		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on				
	contingent on the n						
а	The organization?	-		6a		х	
b	Any related organiz	ation?		6b		Х	
		r 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
		nes 5 and 6? If "Yes," describe in Part III		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		x	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
For		on Act Notice, see the Instructions for Form 990.		le J (Forn	n 990) 2023	

LHA 332111 11-06-23

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	Schedule J (Form 990) 2023	CORNELL COLLEGE	42-0680335	Page 2
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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.

			/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BRAND, JONATHAN	(i)	330,712.	0.	4,125.	60,356.	28,579.	423,772.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) FLEGE, KELLY	(i)	190,321.	0.	834.	7,139.	31,155.	229,449.	0.	
VP, COO/CFO, TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CRAWFORD, ILENE	(i)	152,446.	0.	318.	13,109.	22,883.	188,756.	0.	
VP FOR ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) HARP, JOHN	(i)	131,247.	0.	684.	10,742.	12,966.	155,639.	0.	
SPECIAL ASST TO THE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BECKEMEYER, WENDY	(i)	223,372.	0.	1,177.	18,337.	23,333.	266,219.	0.	
VP FOR ENROLLMENT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) COLUMBUS, KRISTI	(i)	132,496.	0.	181.	10,144.	8,484.	151,305.	0.	
AVP FOR ALUMNI & COLLEGE ADV	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) WILSON, JACQUELINE	(i)	122,918.	0.	311.	10,125.	17,292.	150,646.	0.	
AVP FOR ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

sign Envelope ID: 367E6FC3-7444-4A52-8660-9125156074ED		
Schedule J (Form 990) 2023 CORNELL COLLEGE	42-0680335	Page 3
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 comple	ete this part for any additional inform	nation.
PART I, LINE 1A:		
NON-TAXABLE TRAVEL FOR COMPANIONS - CORNELL'S PRESIDENT WILL OCCASIONALLY		
TRAVEL WITH HIS SPOUSE TO VARIOUS CORNELL FUNCTIONS, AS AN ADVOCATE OF THE		
COLLEGE.		
NON-TAXABLE RESIDENCE FOR PERSONAL USE - PRESIDENT BRAND IS REQUIRED TO		
LIVE AND ENTERTAIN IN THE PRESIDENT'S HOME WHICH IS ON CAMPUS AND OWNED BY		
THE COLLEGE.		
PART I, LINE 4B:		
JONATHAN BRAND - COLLEGE CONTRIBUTED TO 457(F) - \$34,489		

(Form 9) Department	Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Image: Service Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										C	OMB No. 1545-0047 2023 Open to Public Inspection		
Name of	f the organization CORNELL COLLEGE								-	loyer i 42-06			n num	ber
Part I	Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	price (f) Description of purpose			efeased				ooled ncing
									Yes	No	Yes	No	Yes	No
							REFUNDING SERIES 2013							
A IOW	A HIGHER EDUCATION LOAN AUTHORITY	42-1235696	NONE	12/29/23	7,5	500,000.BOND ISSUE			_	x		Х		x
В														
с														
D														
Part II	Proceeds				-									
				А			В	С				D		
1 Ar	mount of bonds retired													
2 Ar	mount of bonds legally defeased													
3 To	otal proceeds of issue			7,	500,000.									
4 Gr	ross proceeds in reserve funds													
5 Ca	apitalized interest from proceeds													
6 Pr	oceeds in refunding escrows													
7 Iss	suance costs from proceeds													
8 Cr	redit enhancement from proceeds													
9 W	orking capital expenditures from proceeds													
10 Ca	apital expenditures from proceeds									_				
11 Ot	ther spent proceeds			7,	500,000.					_				
12 Ot	ther unspent proceeds									_				
13 Ye	ear of substantial completion			2	2023					_				
				Yes	No	Yes	No	Yes	No	_	Yes		No	
14 W	ere the bonds issued as part of a refunding is	ssue of tax-exempt b	oonds (or,											
	issued prior to 2018, a current refunding issu			Х										
	ere the bonds issued as part of a refunding is													
-	sued prior to 2018, an advance refunding iss				X					_				
-	as the final allocation of proceeds been made			Х										
	pes the organization maintain adequate book	s and records to su	pport the											
fin	al allocation of proceeds?			Х										

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

Schedule K (Form 990) 2023

chedule K (Form 990) 2023 CORNELL COLLEGE				42-0	680335				Page
Part III Private Business Use					I				
		A		B			2	[
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		x							
2 Are there any lease arrangements that may result in private business use of									
bond-financed property?		X							
3a Are there any management or service contracts that may result in private									
business use of bond-financed property?		Х							
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?									L
c Are there any research agreements that may result in private business use of									
bond-financed property?		Х							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
outside counsel to review any research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities									
other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		
5 Enter the percentage of financed property used in a private business use as a									
result of unrelated trade or business activity carried on by your organization,									
another section 501(c)(3) organization, or a state or local government		.00	%		%		%		
6 Total of lines 4 and 5		.00	%		%		%		
7 Does the bond issue meet the private security or payment test?		X	, -		, -		,-		
8a Has there been a sale or disposition of any of the bond-financed property to a non-									
governmental person other than a 501(c)(3) organization since the bonds were issued?		x							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
disposed of			%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations			70		/0		/0		
sections 1.141-12 and 1.145-2?									
nonqualified bonds of the issue are remediated in accordance with the	х								
requirements under Regulations sections 1.141-12 and 1.145-2?	Δ				I				L
Part IV Arbitrage		۵		F			c		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	\rightarrow	Yes	No	Yes	No	L Yes	No
Penalty in Lieu of Arbitrage Rebate?	169	X		162	NU	169		100	
2 If "No" to line 1, did the following apply?		L							L
	x								[
a Rebate not due yet?	А	x							
b Exception to rebate?		x							<u> </u>
c No rebate due?							l		L
If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
performed							ł		
3 Is the bond issue a variable rate issue?		X							L

Schedule K (Form 990) 2023 CORNELL COLLEGE			42-0	680335				Page 3	
Part IV Arbitrage (continued)									
		4	E	3		С	C)	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		X							
b Name of provider									
c Term of hedge		-							
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X							
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		х							
7 Has the organization established written procedures to monitor the									
requirements of section 148?	Х								
Part V Procedures To Undertake Corrective Action									
		4	E	3		С	D		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?	x								
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.		•				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

3

Department of the Treasury Internal Revenue Service

P

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

/1

Name of the organization

RNELL	COLLEG

CORNELL COLLEGE				42-0680335
art 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
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded	Х	27	580,727.	AVG STOCK PRICE THE DAY
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
Securities - Miscellaneous				
Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Other				
Real estate - Residential				
Real estate - Commercial				
Real estate - Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
Taxidermy				
Historical artifacts				
Scientific specimens				
Archeological artifacts				
Other ()				
Other ()				
Other ()				
Other (
Number of Forms 8283 received by the organ	ization during	g the tax year for co	ontributions	

			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 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		Х
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?	31	х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
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) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 CORNELL COLLEGE	42-0680335	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb	and whether the organizat	ion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	ination of both. Also comp	lete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS.		
332142 09-11-23	Schedule M (Form	990) 2023
		-

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SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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 Form 990-EZ.		OMB No. 1545-0047
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employe	Inspection r identification number
	CORNELL COLLEGE		680335
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE COMM	ITTEE SHALL CONSIST OF THE CHAIR, IMMEDIATE PAST CHAIR,		
CHAIR-ELECT, CHAIR	S OF THE POLICY COMMITTEES, CHAIR OF THE GOVERNANCE		
COMMITTEE, PRESIDE	NT OF THE COLLEGE (NON-VOTING), AND UP TO THREE (3)		
AT-LARGE TRUSTEES	APPOINTED AT THE ANNUAL MEETING, ALL SUBJECT TO APPROVAL		
BY THE BOARD.			
BETWEEN MEETINGS O	F THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE GENERAL		
SUPERVISION OF THE	ADMINISTRATION AND PROPERTY OF THE COLLEGE EXCEPT THAT		
IT MAY NOT TAKE AN	Y ACTION INCONSISTENT WITH THE LAWS OF THE STATE OF IOWA		
AND, UNLESS, SPECI	FICALLY EMPOWERED BY THE BOARD TO DO SO, IT MAY NOT TAKE		
ANY ACTION INCONSI	STENT WITH A PRIOR ACT OF THE BOARD, AWARD DEGREES, ALTER		
BYLAWS, LOCATE PER	MANENT BUILDINGS ON TAX-EXEMPT PROPERTY HELD FOR COLLEGE		
PURPOSES, REMOVE O	R APPOINT THE PRESIDENT OF THE COLLEGE, OR TAKE ANY		
ACTION WHICH HAS B	EEN RESERVED BY THE BOARD.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS PR	EPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN		
REVIEWED IN DETAIL	BY THE AUDIT COMMITTEE OF THE BOARD. THE FORM 990 IS		
FINALIZED AND POST	ED TO THE CORNELL COLLEGE SECURED BOARD WEBSITE AND MADE		
AVAILABLE FOR REVI	EW BY EACH MEMBER PRIOR TO FILING WITH THE IRS.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
EACH YEAR, A CONFL	ICT OF INTEREST POLICY IS DISTRIBUTED TO EACH TRUSTEE.		
THEY ARE REQUIRED	TO COMPLETE THIS FORM AND RETURN IT TO CORNELL. IN THE		
PERIOD BETWEEN THE	FILING OF THE ANNUAL FORMS, IF AN INDIVIDUAL COVERED BY		
For Paperwork Reduct	on Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2023

LHA 332211 11-14-23

49 2023.05040 CORNELL COLLEGE

Schedule O (Form 990) 2023	Page 2
Name of the organization CORNELL COLLEGE	Employer identification number 42-0680335
THIS POLICY BELIEVES THAT HE/SHE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT	
OF INTEREST WITH RESPECT TO THE POLICY, HE/SHE SHALL IMMEDIATELY AND FULLY	
DISCLOSE THE POTENTIAL CONFLICT TO THE BOARD IN WRITING, AND SHALL REFRAIN	
FROM PARTICIPATING IN ANY TRANSACTIONS OR DECISIONS OF ANY ACTUAL OR	
POTENTIAL ETHICAL, LEGAL, FINANCIAL OR OTHER CONFLICTS OF INTEREST	
INVOLVING THE COLLEGE THAT MAY INVOLVE THE POTENTIAL OR ACTUAL CONFLICT OF	
INTEREST. THE MINUTES OF BOARD OR COMMITTEE MEETING SHALL REFLECT THAT A	
DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT OF INTEREST	
ABSTAINED FROM VOTING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT'S SALARY IS SET BY THE BOARD, WHO TAKE INTO CONSIDERATION	
SALARY SURVEY DATA FROM THE ASSOCIATED COLLEGES OF THE MIDWEST. THE REVIEW	
PROCESS IS DOCUMENTED IN THE BOARD MINUTES, AND IS CONDUCTED ANNUALLY. THIS	
PROCESS WAS DONE IN 2023.	
OTHER OFFICERS AND KEY EMPLOYEES' SALARIES, INCLUDING VICE PRESIDENTS, ARE	
BASED ON SALARY RANGES DETERMINED THROUGH THE COMPENSATION PLAN,	
ADMINISTERED THROUGH THE HUMAN RESOURCES OFFICE. MEDIAN SALARIES FROM	
SPECIFICALLY SELECTED INSTITUTIONS WITHIN THE COLLEGE AND UNIVERSITY	
PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) SURVEY ARE THE	
MID-POINT OF COLLEGE'S SALARY RANGES. THE SALARY RANGES ARE AGED ANNUALLY.	
THE PROCESS OF ADJUSTING THE RANGES TO THE MARKET IS COMPLETED EVERY THREE	
YEARS; HOWEVER THE REVIEW OF VICE PRESIDENT COMPENSATION IS CONDUCTED	
ANNUALLY. IN ADDITION TO THE ABOVE, THE VICE PRESIDENT'S COMPENSATION IS	
SET BY THE PRESIDENT, AFTER CONSULTATION WITH THE COMPENSATION COMMITTEE,	
ACTING AS A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE. THE PROCESS DESCRIBED	
HERE WAS LAST COMPLETED IN 2023.	
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page 2
Name of the organization CORNELL COLLEGE		Employer identification number 42-0680335
FORM 990, PART VI, SECTION C, LINE 19:		
THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
ACTUARIAL ADJUSTMENT ON LIFE INCOME AND ANNUITY AGREEMENTS	179,323.	
CHANGE IN VALUE OF PERPETUAL TRUST	67,953.	
TOTAL TO FORM 990, PART XI, LINE 9	247,276.	
FORM 990, PART XII, LINE 2C:	J	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNT	VT HAS	
NOT CHANGED FROM THE PRIOR YEAR.		
332212 11-14-23		Schedule O (Form 990) 2023

SCHEDUL (Form 990) Comp	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.								
Department of Internal Rever	the Treasury ue Service	Go to www.irs.gov/Form990 for	r instructions and the latest	information.				pen to P Inspecti		
Name of th	e organization CORNELL COLLEGE						er identif 0680335		umber	
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b)(c)(d)Able)Primary activityLegal domicile (state or foreign country)Total incl		Legal domicile (state or Total income End-of-y				(f) irect controlling entity		
Part II	Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one o	or more relate	ed tax-exe	empt		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	-		ntrolling		g) 512(b)(13) rolled ity?	
					501(c)(3))			Yes	No	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 CORNELL COLLEGE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
										\vdash	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
	-		CORNELL						
CHARITABLE REMAINDER UNITRUSTS (5)	INVESTMENTS	IA	COLLEGE	TRUST				X	<u> </u>
CHARITABLE REMAINDER ANNUITY TRUSTS (15)	INVESTMENTS		CORNELL COLLEGE	TRUST				x	
	-								
	-								
	-								

Sche	dule R (Form 990) 2023 CORNELL COLLEGE			42-068033	5	F	Page 3
Part	V Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34, 35b,	or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lance of facilities, equipment, or other exacts from related exactization(a)				1k		x
	Lease of facilities, equipment, or other assets from related organization(s)				11		x
					1m		X
	Performance of services or membership or fundraising solicitations by related organ				1n		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						X
0	Sharing of paid employees with related organization(s)				10		~
a	Reimbursement paid to related organization(s) for expenses				1p		x
	Reimbursement paid by related organization(s) for expenses				1a		x
4							
r	Other transfer of cash or property to related organization(s)				1r		х
	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	lationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		

Name of r	(a) related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(</u> 4)				
<u>(</u> 5)				
(6)				

Schedule R (Form 990) 2023 CORNELL COLLEGE

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

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

(a)	(b)	(c)	(d)	(e) e all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	rs sec. c)(3) ls.?	Share of total income	Share of end-of-year assets	tic alloci	ropor- inate ations?	Code V-UBI amount in box 20 of Schedule K-1	Genera manag partn	ll or Percenta ownersh
		country)	sections 512-514)	Yes	No	income	233613	Yes	No	(FORM 1065)	Yes	10
	_											
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Schedule R (Form 990) 2023

Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Form 1041-A

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Ide	entification							
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer identification number (TIN)				
Print	CORNELL COLLEGE			42-0680335				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 600 FIRST STREET SW	ee instruct	cions.	12 000000				
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT VERNON, IA 52314							
Enter the I	Return Code for the return that this application is for (file	e a separat	te application for each return)		07			
Applicatio	on Is For	Return	Application Is For		Return			
		Code			Code			
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09			
Form 4720) (individual)	03	Form 5227		10			
Form 990-	PF	04	Form 6069		11			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870		12			
Form 990-T (trust other than above)		06	Form 5330 (individual)		13			
Form 990-	T (corporation)	07	Form 5330 (other than individual)					

 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

08

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Number			
	Plan Year Ending (MM/DD/YYYY)			
Part I	I - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
Tł	ne books are in the care of KELLY FLEGE			
	600 FIRST STREET W - MOUNT VERNON, IA 52314			
Τe	elephone No. (319)895-4383 Fax No			
	the organization does not have an office or place of business in the United States, check this box			
	this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			
box .				
1	I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file th	e exem	npt orgar	ization return for
	the organization named above. The extension is for the organization's return for:			
	calendar year 20 or			
	tax year beginning JUL 1, 20 23, and ending JUN	30		, 2024
2	If the tax year entered in line 1 is for less than 12 months, check reason:	al retur	'n	
	Change in accounting period			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	Ο.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	Ο.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
			· · · _	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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			** PUBLIC INSPECTION CO)PY **			
Form	990-T	E	Exempt Organization Business Ir (and proxy tax under section)			n	OMB No. 1545-0047
		For ca	endar year 2023 or other tax year beginning JUL 1, 2023	• • •			2023
Departm	ent of the Treasury		Go to www.irs.gov/Form990T for instructions and				
	Revenue Service		Do not enter SSN numbers on this form as it may be made public	if your orga	nization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see	instruction	s.)	D Em	ployer identification number
	•		CODVELL COLLEGE				42 0600225
	mpt under section 501(c)(3)	Print or	CORNELL COLLEGE			F Gro	42-0680335 oup exemption number
	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instruction 600 FIRST STREET SW	1S.			e instructions)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal	code		-	
	529(a) 529A		MOUNT VERNON, IA 52314	0000		F	Check box if
	() 02011	С Во	ok value of all assets at end of year	224	,822,754.	1	an amended return.
G CI	neck organization		X 501(c) corporation 501(c) trust 401(a) t		Other trust	State	college/university
	-		6417(d)(1)(A) Applicable entity				
H CI	neck if filing only t	o claim	Credit from Form 8941 Refund shown on F	orm 2439	Elective payme	ent amo	ount from Form 3800
I CI	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding	corporation	on		
			ed Schedules A (Form 990-T)				3
			e corporation a subsidiary in an affiliated group or a parent-s	ubsidiary	controlled group?		Yes X No
	•		d identifying number of the parent corporation			(24.0.) (
L Th	e books are in ca		KELLY FLEGE d Business Taxable Income	Tele	ephone number	(319)8	395-4383
							2,047.
1 2			ess taxable income computed from all unrelated trades or bi			1	2,047.
2	Add lines 1 and 2					3	2,047.
4		- tions	(see instructions for limitation rules) STMT 1	STMT 2		4	0.
5			taxable income before net operating losses. Subtract line 4			5	2,047.
6			ing loss. See instructions			6	2,047.
7			ess taxable income before specific deduction and section 19				,
	Subtract line 6 fr		-			7	
8	Specific deduction	on (gene	erally \$1,000, but see instructions for exceptions)			8	1,000.
9	Trusts. Section	199A de	eduction. See instructions			9	
10	Total deduction	s. Add	lines 8 and 9			10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is great	er than lin	e 7, enter zero	11	0.
Par		-					
1	-		as corporations. Multiply Part I, line 11 by 21% (0.21)			1	0.
2			rates. See instructions for tax computation. Income tax on				
•	Part I, line 11, fro		Tax rate schedule orSchedule D (Form 1041)			2	
3						3	
4 5	Alternative minim		instructions			5	
6			acility income. See instructions			6	
7			gh 6 to line 1 or 2, whichever applies			7	0.
Par	t III Tax and	Paym	ients				
- 1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (se	e instru	ctions)	1b			
с	General business	credit.	Attach Form 3800 (see instructions)	1c		_	
d			mum tax (attach Form 8801 or 8827)				
е			1a through 1d			1e	
2	Subtract line 1e f	rom Pa	rt II, line 7			2	0.
3a	Amount due from					_	
b	Amount due from					-	
c	Amount due from					-	
d	Amount due from		· · · · ·			-	
e f	Other amounts d	•	,		I	3f	0.
4	Total tax Add lir	ie. Auu ies 2 pr	lines 3a through 3e nd 3f (see instructions). Check if includes tax previous	lv deferre	d under	31	
-			x amount here			4	0.
-			lity paid from Form 965-A, Part II, column (k)			5	0.
5							Form 990-T (2023)

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2023.05040 CORNELL COLLEGE

Form 9	90-T (2023)				F	age 2
Part					-	
6a b	Payments: Preceding year's overpayment credited to the current year Current year's estimated tax payments. Check if section 643(g) election applies	<u>6a</u> 6b		-		
c d f g h i j 7 8 9 10 11	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 Payment from Form 2439 Credit from Form 4136 Other (see instructions) Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	7 8 9 10 11		
Part	5 5		,			
1	At any time during the 2023 calendar year, did the organization have an interest in o over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiza	tion may have to file		Yes	No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter there	ne name o	t the foreign country			X
2	During the tax year, did the organization receive a distribution from, or was it the gra foreign trust?	,	r transferor to, a			x
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year \hdots		\$			
4	Enter available pre-2018 NOL carryovers here \$\$ Do not	include a	ny post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	2				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL ca	rryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	or the tax	year. See instructions.		_	
	Business Activity Code		ilable post-2017 NOL	1	_	
	713940	\$		1,144.	_	
	721110	\$		67,164.	_	
		\$				
		\$				
6 a	Reserved for future use					
b Dart	Reserved for future use					
Part						

Provide any additional information. See instructions.

Sign Here		declare that I have examined aration of preparer (other than		mation of which pre		edge.	May t the pr	and belief, it is he IRS discuss reparer shown ctions)?	s this return	
Paid	Print/Type preparer'	's name	Preparer's signature		Date	Check	if d	PTIN		
Preparer	SARAH HINTZ		SARAH HINTZ		02/05/25			P00492	291	
Use Only	Firm's name CL	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749					
,		8390 EAST CRESCENT PARKWAY, SUITE 300								
	Firm's address	Firm's address GREENWOOD VILLAGE, CO 80111				Phone no. (303) 779-5710			r	

323711 11-20-23

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CORNELL COLLEGE

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FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - NORTHGATE IV, LP	N/A	1.
TOTAL TO FORM 990-T, PART I, L	JINE 4	1.

CORNELL COLLEGE

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021 FOR TAX YEAR 2022			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	1 0		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	1 0 1	-	
ALLOWABLE CONTRIBUTIONS DEDUCTION			0
TOTAL CONTRIBUTION DEDUCTION			0

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CORNELL COLLEGE	42-0680335	
FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
PRE-2018 NOL CARRY FORWARD PRE-2018 NOL DEDUCTION INCL SCHEDULE A PORTION OF PRE-2	UDED IN PART I, LINE 6	474,620. 2,047.
SCHEDULE A ENTITY	SCHEDULE A SHARE	
2	0.	
3	0.	
4	0.	
TOTAL SCHEDULE A SHARE OF P	RE-2018 NOL	0.
NET OPERATING DEDUCTION		2,047.
BALANCE AFTER PRE-2018 NOL	DEDUCTION	0.
EXPIRING NET OPERATING LOSS	ES	0.
CARRY FORWARD OF NET OPERAT	ING LOSS	472,573.

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/08	514,643.	160,878.	353,765.	353,765.
06/30/09	41,690.	0.	41,690.	41,690.
06/30/10	39,700.	0.	39,700.	39,700.
06/30/11	29,637.	0.	29,637.	29,637.
06/30/12	9,828.	0.	9,828.	9,828.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	474,620.	474,620.

SCHEDULE A (Form 990-T)	OMB No. 1545-0047						
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Content of the treasure of the							
A Name of the organizat CORNELL COLI	ication number						
	activity code (see instruction ted trade or business	s) 713940 PNESS CENTER			D Sequence:	1 of 3	
	I Trade or Business Ind	come		(A) Income	(B) Expenses	(C) Net	
 1 a Gross receipts or b Less returns and all 2 Cost of goods so 	owances	c Balance	1c 2				
•	tract line 2 from line 1c		3				

	······································			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form			
	1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
с	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach			
	statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled			
	organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17)			
	organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2					
3	Salaries and wages Repairs and maintenance	3			
4	Bad debts	4			
5	Interest (attach statement). See instructions	5			
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return 8a				
9	Depletion	9			
10	Contributions to deferred compensation plans				
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	0.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
For Paperwork Reduction Act Notice, see instructions.				Schedu	le A (Form 990-T) 2023

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	ule A (Form 990-T) 2023					F	² age 2
Part		method of inventory valua					
1					1		
2	Purchases				2		
3 4	Cost of labor Additional section 263A costs (attach statement)				3 4		
4 5					5		
6	Other costs (attach statement)				6		
7					7		
8	Cost of goods sold. Subtract line 7 from line 6. E			Г	8		
9	Do the rules of section 263A (with respect to prop	,				Yes	No
Part					y)		
1	Description of property (property street address, c	ity, state, ZIP code). Check	if a dual-use. See inst	ructions.			
	A 🗌						
	в 🔄						
	c 🗌						
	D		-				
		A	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
							0
3	Total rents received or accrued. Add line 2c, colur	nns A through D. Enter her	e and on Part I, line 6, [,] I	column (A)	<u> </u>		0.
	Deductions directly connected with the income						
4	in lines 2a and 2b (attach statement)						
5	Total deductions Add line 4 columns A through	D. Enter here and an Dart	ling 6 column (P)				0.
Part	Total deductions. Add line 4, columns A through V Unrelated Debt-Financed Income	(see instructions)					••
1	Description of debt-financed property (street addre		Sheck if a dual-use. See	e instructions			
•	A	000, 017, 01210, 211 0000). V					
	в 🗌						
	c 🗌						
	D						
		A	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocabl						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						-
8	Total gross income (add line 7, columns A throug	gh D). Enter here and on Pa	art I, line 7, column (A)				٥.
-					—		
9	Allocable deductions. Multiply line 3c by line 6		l				0.
10	Total allocable deductions. Add line 9, columns						0.
11	Total dividends-received deductions included in					Earm 000 T	-
323721 (U I- 19-24			50	ieuule A (Form 990-T	12023

	ule A (Form 990-T) 2023	3 uities, Royalties, and P	lonto Era	m Contro		raonization			Page 3
Part	VI IIILEIESI, AIIII					-		,	
	4 Marca 4 and 10			Exempt Controlled Or					• Dealerstienerstie
	 Name of controlle organization 	ed 2. Employer identification		t unrelated me (loss)		al of specified nents made	5. Part of co that is include		6. Deductions directly connected with
	organization	number		istructions)	payi	nems made	controlling o	rganiza-	income in column 5
			(300 11	istruction isj			tion's gross	income	
<u>(1)</u>									
(2)									
(3)									
<u>(4)</u>			onovomnt	Controlled O	l raopizati	000			
	. Taxable Income	8. Net unrelated		Controlled C otal of speci	-		of column 9	11	. Deductions directly
		income (loss)		ayments mad			cluded in the	'''	connected with
		(see instructions)		aymento mat			organization's	in	come in column 10
(4)		()				gross	income		
(<u>1</u>)									
(<u>2</u>)									
<u>(3)</u>									
(4)							ns 5 and 10.		d columns 6 and 11.
							and on Part I,		er here and on Part I.
							olumn (A).	1	line 8, column (B).
Totals								D _	0.
Part	VII Investment	Income of a Section 5	01(c)(7).	(9), or (17)	Organ	l nization (s	ee instruction	, ,	••
		cription of income	••••••••	2. Amou		3. Deductio		et-asides	5. Total deductions
				incol		directly conn		stateme	nt) and set-asides
						(attach state	ment)		(add cols 3 and 4)
(1)									
(2)									
(3)									
(4)									
				Add amo					Add amounts in
				column 2 here and c					column 5. Enter here and on Part I,
				line 9, colu	,				line 9, column (B).
Totals					0.				0.
Part	VIII Exploited E	Exempt Activity Income	e, Other	Than Adv	ertising	g Income	(see instructio	ns)	
1	Description of exploite								
2	Gross unrelated busin	ess income from trade or bus	siness. Ente	er here and c	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected with production of un	related bus	siness incom	e. Enter l	here and on Pa	art I,		
		·						3	
4		n unrelated trade or business.							
	lines 5 through 7							4	
5	Gross income from ac	tivity that is not unrelated bu	siness inco	ome				5	
6		to income entered on line 5							
7		nses. Subtract line 5 from line							
	4. Enter here and on F	Part II, line 12						7	

Schedule A (Form 990-T) 2023

	IX Advertising Income					Page
	Name(s) of periodical(s). Check box if repo	tina two or r	more periodicals on a c	consolidated basi	s.	
	A					
	в 🗌					
	c 🗌					
	P 🗌					
er al	mounts for each periodical listed above in the	ne correspon	ndina column			
/			A	В	С	D
	Gross advertising income			0	v	
	Add columns A through D. Enter here and		a 11. column (A)			
а	Add coldmins A through D. Enter here and	on raiti, ind	e 11, column (A)			
a	Direct advertising costs by periodical					
	Add columns A through D. Enter here and	-				
a	Add coldmins A through D. Enter here and	on raiti, ind				
	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comp					
	lines 5 through 7, and enter -0- on line 8					
	Readership costs					
	Circulation income					
	Excess readership costs. If line 6 is less the					
	line 5, subtract line 6 from line 5. If line 5 is					
	than line 6, enter -0-					
	Excess readership costs allowed as a					
		n on				
	deduction. For each column showing a gai					
_	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	-		al or -U- nere and o	on	
rt)	Part II, line 13 X Compensation of Officers, I	Diroctore		· · · · ·		
11/			and musices (se	e instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
					%	
					%	
					%	
					%	
	Enter here and on Part II, line 1					
rt)	XI Supplemental Information	(see instruct	ions)			

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Schedule A (Form 990-T) 2023

CORNELL COLLEGE

990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	1,144.	0.	1,144.	1,144.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,144.	1,144.

SCHEDULE A (Form 990-T)	омв №. 1545-0047 2023							
Department of the Treasury Internal Revenue Service	$\mathbf{D}_{\mathbf{r}}$ and $\mathbf{r}_{\mathbf{r}}$ and $\mathbf{O}(\mathbf{N})$ and $\mathbf{h}_{\mathbf{r}}$ is the set of the se							
A Name of the organiz CORNELL CC	ication number							
C Unrelated busine	ss activity code (see instructions) 901101			D Sequence:	2 of 3			
E Describe the unre	elated trade or business QUALIFYING PARTNE	RSHIP	INTERESTS		1			
Part I Unrelate	ed Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1a Gross receipts b Less returns and		1c						
	sold (Part III, line 8)	2						
3 Gross profit. Su	Ibtract line 2 from line 1c	3						
4a Capital gain ne 1120)). See inst	t income (attach Schedule D (Form 1041 or Form ructions	4a	14.		14.			

b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)
c	Capital loss deduction for trusts

5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6

Total. Combine lines 3 through 12

<u>13</u>

6	Rent income (Part IV)	6		
	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled			
	organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17)			
	organizations (Part VII)	9		
0	Exploited exempt activity income (Part VIII)	10		
1	Advertising income (Part IX)	11		
2	Other income (see instructions; attach statement)	12		

13

4b

4c

5

2,619.

2,633.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

					- I - I	
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages					
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	86.
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		а		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	500.
15	Total deductions. Add lines 1 through 14				15	586.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fi					
	column (C)				16	2,047.
17	Deduction for net operating loss. See instructions				17	Ο.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	2,047.
For I						(Form 990-T) 2023

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2,619.

2,633.

Sched	ule A (Form 990-T) 2023					Page 2
Part	III Cost of Goods Sold Enter me	thod of inventory valuat	ion	r - 1		
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6. Enter	,				
9 Part	Do the rules of section 263A (with respect to property				Yes	No
			-			
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use. See instru	uctions.		
	B					
	D	•	Р	0		
2	Pont received or accrued	Α	В	C	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10% but not more than 50%)					
b	From real and personal property (if the					
b	percentage of rent for personal property exceeds					
	E_{00} (e_{1} if the uset is based as such that is seen a)					
с	Total rents received or accrued by property.					
Ŭ	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part L line 6 c	olumn (A)		Ο.
•	Deductions directly connected with the income					
4	in lines 2a and 2b (attach statement)					
5	Total deductions. Add line 4, columns A through D. E	Enter here and on Part I	line 6, column (B)			Ο.
Part		see instructions)				
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	instructions.		
	Α					
	в 🛄					
	c 🗌					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5		%	%		%
7	Gross income reportable. Multiply line 2 by line 6 \dots					
8	Total gross income (add line 7, columns A through D). Enter here and on Pa	rt I, line 7, column (A)	·····		0.
		[r			
9	Allocable deductions. Multiply line 3c by line 6					-
10	Total allocable deductions. Add line 9, columns A th					0.
11	Total dividends-received deductions included in line	e 10				0.
323721 (01-19-24			Schedule	A (Form 990-1	r) 202 3

2

Schedule A (Form 990-T) 2023 Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Lemployer identification number Exempt Controlled Organizations (see instructions) Lemployer identification number Schedule A (Form 900-T) 2023 Exempt Controlled Organizations Schedule A (Form 900-T) 2023 Exempt Controlled Organizations Interest, Annuities, Royalties, and Rents From Controlled Organizations Interest, Annuities, Royalties, and Rents From Controlled Organizations 1 Name of controlled organization S. Part of column 4 that is included in the controlling organizations 6. Deductions divent income in colum (1) Image: Second Seco	2
I. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the controlling organization 6. Deductions di connected wincome in colum (1) (2) (3) (4) (4) (5) (6) (6) (6)<	age 3
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the controlling organization's gross income 6. Deductions di connected we income to controlled organization's gross income (1)	
Item s gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions dire connected with income in column 1 (1) (2) (2) (3) (4) (3) (4) (5) (6) (4) (7) (7) (7) (7) (1) (8) (9) (7) (7) (1) (9) (7) (7) (7) (1) (7) (7) (7) (7) (1) (7) (7) (7) (7) (1) (7) (7) (7) (7) (2) (7) (7) (7) (7) (2) (7) (7) (7) (7) (1) (7) (7) (7) (7) (2) (7) (7) (7) (7) (2) (7) (7) (7) (7) (2) (7) (7) (7) (7) (2) (7) (7) (7) (7) <th< td=""><td>th</td></th<>	th
(2) Image: Construction (Construction (C	
(3) Image: Controlled Organizations (4) Image: Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directions directions income in column 1 (1) Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 (2) Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 (3) Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 (4) Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 Image: Controlling organization income in column 1 (4) Image: Controlling organization income inco	
(4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directions directions (1) (2) (3) (3) (4) (4) (4) (5) (4) (4) (4) (5) (4) (4) (4) (5) (4) (4)	
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directions directions (1)	
income (loss) (see instructions) payments made that is included in the controlling organization's gross income connected with income in column (1)	
(2) (3) (4) (4) (4) (4) Add columns 5 and 10. (4) Enter here and on Part I, (4) Inne 8, column (A). (Add columns 6 and 0) Inne 8, column (A). (Add columns 6)	
(3) (4) Add columns 5 and 10. Add columns 6 and 10. Enter here and on Part I, line 8, column (A). Add columns (B) Ine 8, column (B)	
(4) Add columns 5 and 10. Add columns 6 and 0. Enter here and on Part I, line 8, column (A). Add columns 6, column (B). Add columns 6, column (B).	
Add columns 5 and 10.Add columns 6 andEnter here and on Part I,Enter here and on Part I,line 8, column (A).line 8, column (B)	
Enter here and on Part I, line 8, column (A). Enter here and on Part I, line 8, column (A).	
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)	<u> </u>
1. Description of income 2. Amount of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement) 1. Description of income 1. Description of income 3. Deductions directly connected (attach statement) 4. Set-asides (attach statement)	des
(1)	
(2)	
(3)	
(4)	
Add amounts in column 2. Enter here and on Part I, line 9, column (A).Add amour column 5. If here and on line 9, column (A).	nter Part I,
Totals 0. 0.	0.
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	
1 Description of exploited activity:	
Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	
 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4	
5 Gross income from activity that is not unrelated business income 5	
6 Expenses attributable to income entered on line 5	
 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 	
4. Enter here and on Part II, line 12	

Schedule A (Form 990-T) 2023

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Part	ule A (Form 990-T) 2023 IX Advertising Income					Page
1	Name(s) of periodical(s). Check box if reportin	ng two or n	nore periodicals on a	consolidated bas	is.	
	A					
	B C					
Intor	amounts for each periodical listed above in the	001100000				
inter a	amounts for each periodical listed above in the	Correspon	A	В	С	D
2	Gross advertising income	[
	Add columns A through D. Enter here and or		e 11, column (A)			C
а	Ũ	,	, , ,			
3	Direct advertising costs by periodical	ſ				
а	Add columns A through D. Enter here and or					C
	Ū.					
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g			tal or -0- here and	on	
	Part II, line 13					C
Part	X Compensation of Officers, Di	rectors,	and Trustees	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
						C
Part	XI Supplemental Information (se	ee instructi	ons)			

Schedule A (Form 990-T) 2023

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CORNELL	COLLEGE
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FORM	990-т	(A)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
NEWBURY EQUITY PARTNERS, L.P. C/O NEWBURY PARTNERS LLC - ORDINARY BUSINESS I	-75.
NEWBURY EQUITY PARTNERS, L.P. C/O NEWBURY PARTNERS LLC - INTEREST INCOME	5.
NEWBURY EQUITY PARTNERS, L.P. C/O NEWBURY PARTNERS LLC - OTHER PORTFOLIO INC	-2.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS) NORTHGATE IV, LP - INTEREST INCOME	2,793. 29.
NORTHGATE IV, LP - DIVIDEND INCOME NORTHGATE IV, LP - OTHER INCOME (LOSS)	106. -203.
PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP - ORDINARY BUSINESS INCOME	-30.
PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP - OTHER INCOME (LOSS)	-4.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	2,619.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
TAX PREP FEES		500.
TOTAL TO SCHEDULE A, PAP	RT II, LINE 14	500.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

2023

OMB No. 1545-0123

Name				Empl	oyer identification number
CORNELL COLLEGE				42-	0680335
Did the corporation dispose of any investme	ent(s) in a qualified opportur	ity fund during the tax y	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru			r gain or loss.		-
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		_
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sale	s from Form 6252. line 26 or 3	7	•	4	
5 Short-term capital gain or (loss) from like-ki				5	
6 Unused capital loss carryover (attach compu				6	()
 7 Net short-term capital gain or (loss). Combined 				7	
Part II Long-Term Capital Ga	ins and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts					(h) Gain or (loss)
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	14.
12 Long-term capital gain from installment sale	s from Form 6252. line 26 or 33	7		12	
13 Long-term capital gain or (loss) from like-ki				13	
				14	
15 Net long-term capital gain or (loss). Combin				15	14.
Part III Summary of Parts I an				10	
16 Enter excess of net short-term capital gain (I		l loss (line 15)		16	
IN LINE EXCESS OF HEL SHULL-LETTI CAPITAL GAIL (1	me r) over her long-term capita	11055 (11110 10)		10	

17	Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line	7)
18	Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

17

18

14. 14.

5									
Farm	4797		Si (Also Invo	ales of Bu	siness Prop				OMB No. 1545-0184
FOIII			(AISO IIIVO	Under Section	s 179 and 280F(b				2023
	tment of the Treasury al Revenue Service	Go	o to www.irs.gov		your tax return.	the latest informa	tion.		Attachment Sequence No. 27
-	e(s) shown on return							Ide	ntifying number
CORI	VELL COLLEGE								42-0680335
1a	Enter the gross proceeds	s from sales	or exchanges rep	orted to you for	2023 on Form(s)	1099-B or 1099-S			
	(or substitute statement)						ſ	1 a	
b	Enter the total amount of MACRS assets		-		-	artial dispositions o		1b	
с	Enter the total amount of	loss that yo	u are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
Pa	assets rt I Sales or Exch	anges of	Property Use	ed in a Trade	e or Business	and Involuntar	v Convers	1c sions	s From Other
					re Than 1 Yea		-		
	(a) Description		(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation	(f) Cost or o		(g) Gain or (loss)
2	of property		(mo., day, yr.)	(mo., day, yr.)	price	allowed or allowable since	basis, plus improvements	and	Subtract (f) from the sum of (d) and (e)
SEE	STATEMENT 11					acquisition	expense of s	ale	
3	Gain, if any, from Form 4	684, line 39						3	
4	Section 1231 gain from i	nstallment sa	ales from Form 62	252, line 26 or 3	57			4	
5	Section 1231 gain or (los							5	
6	Gain, if any, from line 32,							6	14.
7	Combine lines 2 through			-				7	14.
	Partnerships and S corpline 10, or Form 1120-S,			. , .			equie K,		
	Individuals, partners, S		•			loss, enter the am	nount		
	from line 7 on line 11 bel	•							
	1231 losses, or they were	•				ng-term capital gai	n on		
	the Schedule D filed with	your return	and skip lines 8,	9, 11, and 12 b	elow.				
8	Nonrecaptured net section		, ,				Γ	8	
9	Subtract line 8 from line				•				
	line 9 is more than zero,				0		Ŭ	•	14.
	capital gain on the Schee							9	11.
Ра	rt II Ordinary G	ains and I	LOSSES (see ins	structions)					
10	Ordinary gains and loss	es not incluc	led on lines 11 th	rough 16 (inclue	de property held 1	year or less):			
11	Loss, if any, from line 7				<u> </u>		I	44	(
12	Gain, if any, from line 7 o							<u>11</u> 12	
13	Gain, if any, from line 31							13	
14	Net gain or (loss) from Fo							14	
15	Ordinary gain from instal						r	15	
16	Ordinary gain or (loss) fro							16	
17	Combine lines 10 throug						l l	17	
18	For all except individual i				appropriate line of	your return and sl	kip lines		
~	a and b below. For individ	-	•			rt of the lass have	Entor the		
а	If the loss on line 11 inclu loss from income-produc								
	as an employee.) Identify						· ·	18a	
b	Redetermine the gain or								
	(Form 1040), Part I, line 4	ļ						18b	

LHA **For Paperwork Reduction Act Notice, see separate instructions.** 318011 12-27-23

Form 4797 (2023) CORNELL COLLEGE	42-06803	335	Page 2
Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 125	4, and 1255	(see instructions)	<u>u</u>

19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
b	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions \dots	26a				
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b	27c				
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
а	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion		
	from other than casualty or theft on Form 4797, line 6	32	
Pa	art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to	50 %	or Less

(see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
3180	12 12-27-23			Form 4797 (2023)

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(Fori	SCHEDULE A (Form 990-T) Unrelated Business Taxable Income From an Unrelated Trade or Business Operatment of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
A Na	ame of the organizatio				B Employer identifi 42-0680335	cation number		
	escribe the unrelat	activity code (see instructions) 7211 ed trade or business ROOM RENTAL Trade or Business Income	.10	(A) Income	D Sequence:	3 of 3		
				(A) income	(B) Expenses			
	Gross receipts or s	wances c Balanc	e 1c					
		d (Part III, line 8)						
		ract line 2 from line 1c						
	-	come (attach Schedule D (Form 1041 or For						
	1120)). See instruc	, , , , , , , , , , , , , , , , , , ,						
b	Net gain (loss) (For	rm 4797) (attach Form 4797). See instruction						
с	Capital loss deduc	tion for trusts	4c					
		a partnership or an S corporation (attach	5					
6	Rent income (Part	IV)	6	74,330.	14,598.	59,732.		

7

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9

<u>10</u> 11

> <u>12</u> 13

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be

74,330.

14,598.

directly connected with the unrelated business income

Unrelated debt-financed income (Part V)

organization (Part VI)

organizations (Part VII)

Exploited exempt activity income (Part VIII)

Advertising income (Part IX)

Other income (see instructions; attach statement)

Interest, annuities, royalties, and rents from a controlled

Investment income of section 501(c)(7), (9), or (17)

Total. Combine lines 3 through 12

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	31,241.
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions 7	14,598.		
8	Less depreciation claimed in Part III and elsewhere on return	14,598.	8b	0.
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATEMENT 8		14	38,352.
15	Total deductions. Add lines 1 through 14		15	69,593.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,			
	column (C)		16	-9,861.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-9,861.
For I	Paperwork Reduction Act Notice, see instructions.	S	chedule	A (Form 990-T) 2023

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12

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59,732.

Schedu Part I	le A (Form 990-T) 2023	hod of inventory valuati	ion		Page 2
1		nod of inventory valuati		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	,			
9 Part I	Do the rules of section 263A (with respect to property Rent Income (From Real Property and			<u>u</u>	Yes No
1	Description of property (property street address, city, s A BRACKET HOUSE 418 2ND STREET SW, M B C	state, ZIP code). Check	if a dual-use. See inst		
	D				
		A	В	с	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	74 220			
-	50% or if the rent is based on profit or income)	74,330.			
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	74,330.			
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6.	column (A)	74,330.
-	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement) STMT 10	14,598.			
5	Total deductions. Add line 4, columns A through D. E		line 6, column (B)		14,598.
Part \		,			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	e instructions.	
	A				
	B				
	с Ц				
		A	В	с	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement)		%	^	6 %
6 7	Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6		%	<u> </u>	<u>%</u>
8	Total gross income (add line 7, columns A through D		t L line 7 column (A)	I	0.
J					-•
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here and	d on Part I, line 7, colu	mn (B)	0.
11	Total dividends-received deductions included in line	10			0.
323721 0	1-19-24			Schedul	e A (Form 990-T) 2023

77 2023.05040 CORNELL COLLEGE

									3
Schedu	ule A (Form 990-T) 2023	iities, Royalties, ar	d Donto Ero	m Contro		rachization	o () , ,		Page 3
Part	VI Interest, Annu	ittles, Royalties, ar	IC RENTS Fro	m Contro		•	(1 1 1 1 1 1	,	
	1. Name of controlled	d 2. Employ	ver 3 Net	unrelated	-	al of specified	lled Organizatio		. Deductions directly
organization		identificati		ne (loss)	1	nents made	that is include	d in the	connected with
		number	r (see ins	structions)			controlling or tion's gross in		income in column 5
(1)							5		
(2)									
(3)									
(4)									
	· + · · ·		Nonexempt (•		<u> </u>	1	
7	. Taxable Income	8. Net unrelated income (loss)		otal of specif lyments mad			of column 9 luded in the		Deductions directly connected with
		(see instructions)	pa	iymenis mau	C	controlling	organization's		ome in column 10
(1)		()				gross	income		
(2)									
(3)									
(4)									
							ins 5 and 10.		columns 6 and 11.
							and on Part I, olumn (A).		here and on Part I, le 8, column (B).
							. ,		
Totals Part	VII Invootmont I	ncome of a Sectio	n = 501(a)(7)	(0) or (17)	Oraar		0	-	0.
1 011		ription of income	, (i) JUT(C)(7), (2. Amou		3. Deduction	ee instructions	t-asides	5. Total deductions
	1.0000			incon		directly conne		statement) and set-asides
						(attach stater	ment)		(add cols 3 and 4)
(1)									
(2)									
(3)									
(4)				Add amo	unto in				Add amounts in
				column 2					column 5. Enter
				here and o	,				here and on Part I,
Totals				line 9, colu	u nin (A). 0				line 9, column (B).
Part	VIII Exploited E	xempt Activity Inc	ome, Other 1	L Fhan Adve	ertising	a Income	see instruction	s)	
1	Description of exploite		,			(
2		ess income from trade o	r business. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3		nected with production of							
								3	
4	Net income (loss) from	unrelated trade or busir	ness. Subtract li	ne 3 from lin	e 2. If a g	gain, complete			
								4	
5		tivity that is not unrelate						5	
6		to income entered on lir						6	
7		ses. Subtract line 5 from						7	
	4. Enter here and on P	art II, line 12							

Schedule A (Form 990-T) 2023

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Part	ILLE A (Form 990-T) 2023 IX Advertising Income					Pao
1	Name(s) of periodical(s). Check box if report A B	ing two or	more periodicals on a	consolidated basi	S.	
	c					
ntor	D amounts for each periodical listed above in th		nding optimp			
nter	amounts for each periodical listed above in th	e correspo		В	с	D
2	Gross advertising income					
	Add columns A through D. Enter here and c					·
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and c	on Part I, lir	ne 11, column (B)			
4	Advertising gain (loss) Subtract line 2 from	line	[
4	Advertising gain (loss). Subtract line 3 from 2. For any column in line 4 showing a gain,	line				
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less that					
	line 5, subtract line 6 from line 5. If line 5 is	ess				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gair					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	-				
Part	Part II, line 13 X Compensation of Officers, D	irectors	and Trustees	see instructions)		
αιι				see instructions)	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	H Nume				to business	unrelated business
I)					%	
, 2)					%	
3)					%	
4)					%	
	Lenter here and on Part II, line 1					
Part	XI Supplemental Information (see instruc	tions)			

323732 01-19-24

Schedule A (Form 990-T) 2023

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Docusign Envelope ID: 367E6FC3-7444-4A52-8660-9125156074ED

CORNELL COLLEGE

42 - 0680335

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
OTHER ALLOCATED OVERHEAD		38,352.
TOTAL TO SCHEDULE A, PART	II, LINE 14	38,352.

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	12,485.	0.	12,485.	12,485.
06/30/21	7,726.	0.	7,726.	7,726.
06/30/22	42,108.	0.	42,108.	42,108.
06/30/23	4,845.	0.	4,845.	4,845.
NOL CARRYO	VER AVAILABLE THIS	5 YEAR	67,164.	67,164.

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 10
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		- SUBTOTAI	4	14,598.	14,598.
TOTAL TO FORM 99	90-T, SCHEDUI	LE A, PART	IV, LINE 4		14,598.

Docusign Envelope ID: 367E6FC3-7444-4A52-8660-9125156074ED

CORNELL COLLEGE

FORM 4797	PRO	PERTY HEL	D MORE THA	N ONE YEAR	ST.	ATEMENT 11
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NEWBURY EQUITY PARTNERS, L.P. C/O NEWBUR NORTHGATE IV, LP PARK STREET						-9. -8.
CAPITAL PRIVATE EQUITY FUND						31.
TOTAL TO 4797, PA	ART I, LINE	2				14.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

2023

OMB No. 1545-0123

m	lovor	identification	numbe
ш	JIUYEI	Inelinication	numbe

Nar	ne				Empl	oyer identification number
	CORNELL COLLEGE				12-	-0680335
Did	the corporation dispose of any investmer	at(a) in a qualified apportur	hity fund during the tax w	2010		
	es," attach Form 8949 and see its instruction					
	art I Short-Term Capital Gai		1 0 7	5		
See to e	instructions for how to figure the amounts needs to be a series of the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This rour	form may be easier to complete if you d off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column		column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
	Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					
	Short-term capital gain from installment sales				4	
	Short-term capital gain or (loss) from like-kind	5				
	Unused capital loss carryover (attach compute				6	()
	Net short-term capital gain or (loss). Combine art II Long-Term Capital Gai	e lines 1a through 6 in column	ih oto Hold Moro Tho	n One Veer	7	
_	instructions for how to figure the amounts					(h) Gain or (loss)
to e	nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
This rour	form may be easier to complete if you d off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked					
	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked					14
		from Form COFO line OC or O			11	14.
	Long-term capital gain from installment sales				12	
	Long-term capital gain or (loss) from like-kind	•			13	
	Capital gain distributions	lines 82 through 1/ in colum			14 15	14.
	art III Summary of Parts I and				10	1 14.
	Enter excess of net short-term capital gain (lir		al loss (line 15)		16	
	Net capital gain. Enter excess of net long-term				17	14.
	Add lines 16 and 17. Enter here and on Form				18	14.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2023

321051 12-26-23

Ū	·								
Form	4797			oluntary Conver Under Section	siness Prop rsions and Recapt s 179 and 280F(b your tax return.	ture Amounts			OMB No. 1545-0184
	ment of the Treasury I Revenue Service	Go	to www.irs.gov			the latest informa	tion.		Attachment Sequence No. 27
Name	(s) shown on return							Ide	ntifying number
CORN	ELL COLLEGE								42-0680335
1a	Enter the gross proce	eds from sales of	or exchanges rep	orted to you for	2023 on Form(s)	1099-B or 1099-S			
	(or substitute stateme			••			Г	1a	
	Enter the total amoun MACRS assets	o ,	0			artial dispositions o		1b	
С	Enter the total amoun	CRS							
Par	assets	changes of	Property Lle	ad in a Trade	or Business	and Involunta		1c	Erom Other
Fai					re Than 1 Year		-		
		-				(e) Depreciation	(f) Cost or o	ther	(g) Gain or (loss)
2	 (a) Description of property 		(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, plus improvements		Subtract (f) from the
SEE	STATEMENT 12					acquisition	expense of s	ale	sum of (d) and (e)
3	Gain if any from For	n 1681 lino 30						3	
	Gain, if any, from Forr Section 1231 gain froi							<u> </u>	
	Section 1231 gain or (5	
	Gain, if any, from line							6	
	Combine lines 2 throu							7	14.
	Partnerships and S c					or Form 1065, Sche	edule K,		
	line 10, or Form 1120-	S, Schedule K,	line 9. Skip lines	8, 9, 11, and 12	2 below.				
	Individuals, partners								
	from line 7 on line 11 1231 losses, or they v								
	the Schedule D filed v					ng term capital gai			
8	Nonrecaptured net se	ction 1231 loss	es from prior vea	rs. See instructi	ons		ł	8	
	Subtract line 8 from li					ne 7 on line 12 belo		0	
	line 9 is more than zer		,	,	Ũ				
	capital gain on the Sc	hedule D filed w	/ith your return. S	See instructions				9	14.
Par	t II Ordinary	Gains and I	-osses (see in:	structions)					
40									
10	Ordinary gains and lo	osses not includ	ed on lines 11 th	irougn 16 (includ	le property neid 1	year or less):			
11	Loss, if any, from line	7						11	()
	Gain, if any, from line	7 or amount fro	m line 8, if applic	able				12	
13	Gain, if any, from line	31						13	
	Net gain or (loss) from							14	
	Ordinary gain from ins							15	
	Ordinary gain or (loss)						Г	16	
	Combine lines 10 thro	•				vour return and sl		17	
	For all except individu a and b below. For inc				appropriate line of	your return and SP	vh iiries		
	If the loss on line 11 ir				(b)(ii), enter that na	rt of the loss here	Enter the		
	loss from income-proc								
	as an employee.) Iden						· · ·	18a	
	Redetermine the gain								
	(Form 1040), Part I, lin)), Part I, line 4							

LHA **For Paperwork Reduction Act Notice, see separate instructions.** 318011 12-27-23

Form 4797 (2023) CORNELL COLLEGE	42-06803	335	Page 2
Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 125	4, and 1255	(see instructions)	<u>u</u>

19	(a) Description of section 1245, 1250, 1252, 1254, c	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)			
Α						
В						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
b	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions \dots	26a				
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
	Add lines 26b, 26e, and 26f	26g				
27 a	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b	27c				
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30					
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31					
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion						
	from other than casualty or theft on Form 4797, line 6	32					
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less						

(see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
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CORNELL COLLEGE

FORM 4797	PRO	PERTY HEL	D MORE THA	N ONE YEAR	ST.	ATEMENT 12
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
NEWBURY EQUITY PARTNERS, L.P. C/O NEWBUR NORTHGATE IV, LP PARK STREET CAPITAL PRIVATE EQUITY FUND						-9. -8. 31.
TOTAL TO 4797, PA	ART I, LINE	2				14.