Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

B Chack if applicable. C Name of organization CORNELL COLLEGE Consider the properties of the prop	Α	For th	le 2016 calendar year, or tax year beginning $JUL~1$, 2016 and ending	JUN 30, 2017	7
CORRELID COLLEGE Coll					
Doing business as White Doing business as Number and street (or P.O. box if mall is not delivered to street address) Flooring business Flooring business Color Flooring Color Col		chan	ge CORNELL COLLEGE		
Room/eutle E Telephonen number (319) 895 - 4383	L	chan	ge Doing business as	42-0	0680335
City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign post and town or state and	L	retur	Number and street (or P.U. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	er
MOUNT VERNOM, IA 5.2.3.1.4 File the properties of principal officer-J ONATHAN BRAND For a subordinates? Ves No SAME AS C ABOVE For a subordinates? Ves No SAME AS C ABOVE For a subordinates? Ves No SAME AS C ABOVE For a subordinates? Ves No SAME AS C ABOVE For a subordinates? Ves No File (No. 4 attach a list, (see instructions) Mebatis: WWW. CORNELLCOLLEGE. BDU Held Corup a working on unmark For a subordinates? Ves No File (Soup account on unmark Ves No File (Soup account on unmark Ves Ves No File (Soup account on unmark Ves Ves No File (Soup account on	L	—Jretur		(319	
Name and address of principal officer_JONATHAN BRAND Note	Г	Ame	and the following state of provinces, souther, and the following postar code		
SAME AS C ABOVE H(b) Are all subcurrents induced. Yes No Taxexempt status. XI Solicy(S) \$01(c) \$ (Insert no.) 4947(a)(1) or S27 H(b) Are all subcurrents induced. Yes No Yes		Appl			
Taxexempt status X 501(c)(3) (insert no.) 4947(a)(1) or 527 Website: WWW. CORNELICOLIEGE EDU H(c) Group exemption number New York Cornel Firm's address Firm's address Faculty Firm's address Faculty Facu		pend			
Websites WWW. CORNELLCOLLEGE BDU H(c) Group exemption number Part Summary	T	Tax-ex			
Part Summary					, ,
Briefly describe the organization's mission or most significant activities: CORNELL COLLEGE OFFERS AN INNOVATIVE AND RIGOROUS LEARNING COMMUNITY WHERE FACULTY AND STAFF				/ear of formation: 1854	M State of legal domicile: TA
INNOVARTIVE AND RIGOROUS LEARNING COMMUNITY WHERE FACULTY AND STAFF					VI Citate of logal dominone. 222
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 47,778,486. 46,407,656. 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 47,778,486. 46,407,656. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 999,297. 2,219,383. 11 Other revenue (Part VIII, column (A), lines 1,5 (6d, 8c, 9c, 10c, and 11e) 305,079. 150,203. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,983,040. 63,043,143. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,300,551. 20,146,504. 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,290. 62,862. 17 Other expenses (Part IX, column (A), line 11e) 82,290. 62,862. 18,539,398. 18,723,978. 18,7539,398. 18,723,978.	9	1	Briefly describe the organization's mission or most significant activities: CORNELL	COLLEGE OFFER	RS AN
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 47,778,486. 46,407,656. 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 47,778,486. 46,407,656. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 999,297. 2,219,383. 11 Other revenue (Part VIII, column (A), lines 1,5 (6d, 8c, 9c, 10c, and 11e) 305,079. 150,203. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,983,040. 63,043,143. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,300,551. 20,146,504. 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,290. 62,862. 17 Other expenses (Part IX, column (A), line 11e) 82,290. 62,862. 18,539,398. 18,723,978. 18,7539,398. 18,723,978.	anc		INNOVATIVE AND RIGOROUS LEARNING COMMUNITY W	HERE FACULTY	AND STAFF
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 15,255,983,040. 63,043,143. 15,253,040. 63,043,143. 15,253,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,255,901. 15,255,983,040. 63,043,143. 14,255,901. 15,255,983,040. 63,043,143. 14,255,901. 15,255,9	erna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net a	ssets.
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 15,255,983,040. 63,043,143. 15,253,040. 63,043,143. 15,253,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,256,901. 15	Š	3	Number of voting members of the governing body (Part VI, line 1a)	з	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 15,255,983,040. 63,043,143. 15,253,040. 63,043,143. 15,253,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,255,983,040. 63,043,143. 14,265,901. 15,256,901. 15	অ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 47,778,486. 46,407,656. 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 47,778,486. 46,407,656. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 999,297. 2,219,383. 11 Other revenue (Part VIII, column (A), lines 1,5 (6d, 8c, 9c, 10c, and 11e) 305,079. 150,203. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,983,040. 63,043,143. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,300,551. 20,146,504. 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,290. 62,862. 17 Other expenses (Part IX, column (A), line 11e) 82,290. 62,862. 18,539,398. 18,723,978. 18,7539,398. 18,723,978.	ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Current Year 6,900,178. 14,265,901. 47,778,486. 46,407,656. 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 47,778,486. 46,407,656. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 999,297. 2,219,383. 11 Other revenue (Part VIII, column (A), lines 1,5 (6d, 8c, 9c, 10c, and 11e) 305,079. 150,203. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,983,040. 63,043,143. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 21,831,233. 21,225,630. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,300,551. 20,146,504. 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,290. 62,862. 17 Other expenses (Part IX, column (A), line 11e) 82,290. 62,862. 18,539,398. 18,723,978. 18,7539,398. 18,723,978.	Ĭ		Total number of volunteers (estimate if necessary)	6	
Prior Year Current Year 6,900,178 14,265,901 14,265,901 14,265,901 14,265,901 14,265,901 14,265,901 14,265,901 15,001 10 10 10 10 10 10 10	Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
B Contributions and grants (Part VIII, line 1h) 6,900,178. 14,265,901.		b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
9			Carbilly tions and south (Dath) (III Page 41)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 305, 079, 150, 203.	Jue	1	Discourse and discourse (D. 1788 C. C.)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 305, 079, 150, 203.	Vel				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55 , 983 , 040 . 63 , 043 , 143 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21 , 831 , 233 . 21 , 225 , 630 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 .	æ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,831,233 21,225,630 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0					63 0/3 1/3
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19 , 300 , 551 20 , 146 , 504 16a Professional fundraising fees (Part IX, column (A), line 11e) 82 , 290 62 , 862 17 Other expenses (Part IX, column (A), line 25) 2 , 685 , 679 18 Total expenses (Part IX, column (A), line 25) 59 , 753 , 472 60 , 158 , 974 18 Total expenses Subtract line 18 from line 12 -3 , 770 , 432 2 , 884 , 169 18 Revenue less expenses. Subtract line 18 from line 12 -3 , 770 , 432 2 , 884 , 169 18 Revenue less expenses. Subtract line 18 from line 12 -3 , 770 , 432 2 , 884 , 169 18 Reginning of Current Year 18 Reginning				21,831,233.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,300,551. 20,146,504. 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,290. 62,862. 17 Other expenses (Part IX, column (A), line 25) 2,685,679. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,753,472. 60,158,974. 19 Revenue less expenses. Subtract line 18 from line 12 -3,770,432. 2,884,169. 20 Total assets (Part X, line 16) 8eginning of Current Year End of Year 18		1	Describe a side of the section of th		
16a Professional fundraising fees (Part IX, column (A), line 11e) 82,290. 62,862.	S	15		19,300,551.	
To there expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Note assets or fund balances. Subtract line 21 from line 20 21 Signature Block 22 Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 23 - 23 - 8 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Date 20 Note assets or fund balances. Subtract line 21 from line 20 20 Note assets or fund balances. Subtract line 21 from line 20 21 Signature Block 22 Net assets or fund balances. Subtract line 21 from line 20 29 Date 20 Date 20 Note assets or fund balances. Subtract line 21 from line 20 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Date 24 Date 25 Print Type preparer's name 26 Date 27 Print Type preparer's name 27 Date 28 Print Type or print name and title 29 Date 20 Date 20 Da	use	16a			
To there expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Note assets or fund balances. Subtract line 21 from line 20 21 Signature Block 22 Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 23 - 23 - 8 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Date 20 Note assets or fund balances. Subtract line 21 from line 20 20 Note assets or fund balances. Subtract line 21 from line 20 21 Signature Block 22 Net assets or fund balances. Subtract line 21 from line 20 29 Date 20 Date 20 Note assets or fund balances. Subtract line 21 from line 20 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Date 24 Date 25 Print Type preparer's name 26 Date 27 Print Type preparer's name 27 Date 28 Print Type or print name and title 29 Date 20 Date 20 Da	×	b			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,753,472. 60,158,974. 19 Revenue less expenses. Subtract line 18 from line 12 -3,770,432. 2,884,169. 20 Total assets (Part X, line 16) 184,413,049. 190,027,293. 21 Total liabilities (Part X, line 26) 33,708,447. 31,012,043. 22 Net assets or fund balances. Subtract line 21 from line 20 150,704,602. 159,015,250. Part II Signature Block Signature Block Signature Block Signature proficer Signature Signature proficer Signature Signature proficer Signature	Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,539,398.	18,723,978.
Beginning of Current Year End of Year 184,413,049 190,027,293 184,413,049 184,413,414 184,414,414 184,414,414 184,414 184,414 184,414 184,414 184,414 184,41		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjupy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer Vary LANGSETH, TREASURER & VP OF BUSINESS Type or print name and title Print/Type preparer's name CONNIE M. LIRA Prim's name CUIFTONLARSONALLEN LLP Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 Phone no. 319-363-2697		19	Revenue less expenses. Subtract line 18 from line 12	-3,770,432.	2,884,169.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAY LANGSETH, TREASURER & VP OF BUSINESS Date	s or				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAY LANGSETH, TREASURER & VP OF BUSINESS Date	Ssel	20	* *************************************		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAY LANGSETH, TREASURER & VP OF BUSINESS Date	let A	21			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAY LANGSETH, TREASURER & VP OF BUSINESS Type or print name and title Print/Type preparer's name CONNIE M. LIRA Firm's name CULIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 Phone no.319-363-2697			Net assets or fund balances. Subtract line 21 from line 20	150,704,602.	159,015,250.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KAY LANGSETH, TREASURER & VP OF BUSINESS Type or print name and title Print/Type preparer's name CONNIE M. LIRA Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's name CEDAR RAPIDS, IA 52401 Phone no.319-363-2697				Annual and the best of	
Sign Here KAY LANGSETH, TREASURER & VP OF BUSINESS Date	true	corre	and complete. Declaration of preparer (other than officer) is based on all information of which prop	tements, and to the best of m	y knowledge and belief, it is
Sign Here Signature of officer Date		, 00110	Multiplicate books and property and station than officery is based on an information of which prep		2 10
Here KAY LANGSETH, TREASURER & VP OF BUSINESS Type or print name and title Print/Type preparer's name Preparer's signature CONNIE M. LIRA Pirm's name CLIFTONLARSONALLEN LIP Firm's name CLIFTONLARSONALLEN LIP Firm's signature Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature	Sia	n	Signature of officer)-18
Print/Type preparer's name Print/Type preparer's name CONNIE M. LIRA Preparer Firm's name CLIFTONLARSONALLEN LLE Firm's name CEDAR RAPIDS, IA 52401 Preparer Signature Check PTIN Print/Type preparer's name Preparer signature Check PTIN PO 0481097 Firm's EIN 41-0746749 Phone no.319-363-2697					
Paid CONNIE M. LIRA Preparer Use Only Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 P00481097 Firm's EIN 41-0746749 Phone no.319-363-2697					
Paid CONNIE M. LIRA Preparer Use Only Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 P00481097 Firm's elf-employed self-employed self-employed self-employed p00481097 Firm's name CLIFTONLARSONALLEN LLP Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 Phone no.319-363-2697			Print/Type preparer's name Preparer's signature	Date Check	II PTIN
Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Use Only Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 Phone no.319-363-2697	Paid	i		blishaudi -	
Use Only Firm's address 600 3RD AVE. SE, STE. 300 CEDAR RAPIDS, IA 52401 Phone no.319-363-2697	Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		
CEDAR RAPIDS, IA 52401 Phone no.319-363-2697	Use	Only			
				Phone no.31	9-363-2697
	May	the I	RS discuss this return with the preparer shown above? (see instructions)		

		 _		
		 _		

Form 990 (2016) CORNELL COLL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		7.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-22	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	المدا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19		

Form 990 (2016) CORNELL COLLEGE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			\ ₃₂
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		, v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X
24	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	04	Х	
250	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-22	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line?	2Eh		х
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note: All 1 of the 250 file is a required to complete 3chedule O	30		

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response of note to any line in this Fart v					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	139			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and resources are considered to the control of t					
	(gambling) winnings to prize winners?	 I	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1111			
	filed for the calendar year ending with or within the year covered by this return	2a	l	01	Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	SD		
-t a	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country:	accou	110:	-r a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	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 se	rvices _l	provided to the payor?	7a		Х
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 w	as rec	uired			
	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			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
^				8		
9	Sponsoring organizations maintaining donor advised funds.			00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		l			
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	000	(0040)
				Form	990	(2016)

632005 11-11-16

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

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body deligated throat authority to an excutive committee or similar committies, explain in Schedule 0. b Enter the number of voting members included in line 1st, ablow, who has inchedule 0. b Enter the number of voting members included in line 1st, ablow, who has independent 1. 29 b Life any officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, or trustees, or key employees to a management company or other person? 3	_	Check if Schedule O contains a response or note to any line in this Part VI					X
the remained differences in uniting right among members of the governing body, or the governing body of the governing body? 1 by the organization body of the governing body? 2 x y of the organization body of the governing body of the governing body of the governing body? 3 x y by the governing body? 5 by the organization become aware during the year of a significant charges to its governing body organization become aware during the year of a significant diversion of the organization's assets? 5 by the organization have members or stockholders? 6 by the organization become aware during body? 5 by Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 by the any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 by the organization because the governing body? 5 by the organization because the governing body? 6 by the organization because the governing body? 7 by the following: 7 by the following: 7 by the following: 8 by the following: 8 by the following: 9 by the following: 9 by the following: 1	<u>Sec</u>	tion A. Governing Body and Management					
there are material differences in voting rights arrong members of the governing body, of if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b. Enter the number of voting members included in line 1a, above, who are independent cofficer, director, trustee, or key employees 2 X b. In the number of voting members included in line 1a, above, who are independent 2 X b. In the committee of the				_		Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent children, officer, director, trustee, or key employees to a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management duries outsomarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
b Enter the number of voting members included in line 1a, above, who are independent 1b 29 Did any officer, director, trustee, or key employee 2 Did any officer, director, trustee, or key employee 3 Did the organization delegate control over management dutiles outstmanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other person? 8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization collemporaneously document the meilings held or written actions undertaken during the year by the following: 8 Type 3 Type 3 Type 4 Type 4 Type 4 Type 4 Type 4 Type 5 Type		If there are material differences in voting rights among members of the governing body, or if the governing					
2 Did the organization have members, stockholders, or feeler management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization relates any significant changing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more member of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons other than the governing body? 6 Did the organization that the governing body? 8 Like Section B. Policies of this section of the governing body? 8 Did the organization that the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in smaling addresse? If Yes, "provide the names and addresses in Schedule O 9 Like Organization have local chapters, branches, or affiliates? 10a Did the organization have local chapters, branches, or affiliates? 10b Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization from 90 because in form 90 to all members of its governing body before filing the form? 10c Did the organization have a written organization or the web files from 990. 10c Did th		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
officer, director, rustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 VX 4 Did the organization make any significant charges to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization outsimporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization outsimporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Societion B. Policies (This Section A) the prophyce listed in Part VII, Section A, who cannot be reached at the governing body? 10 If the organization have local chapters, branches, or affiliates? 10 If Yes, fid the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's except purposes? 11 If Yes, fid the organization have a written conflict of interest policy? If Yos, or joine 13 12 Did the organization have a written conflict of interest policy? If Yos, or joine 13 13 Did the organization have a written conflict of interest policy? If Yos, or joine 13 14 Did the organization have a written conflict of interest policy? If Yos, or joine 13 15 Did the organization have a written organization to the fellowing persons include a review and approval by independent persons, comparability data	b	Enter the number of voting members included in line 1a, above, who are independent	1b	29			
Did the organization delegate control over management duties customanily performed by or under the direct supervision of officiers, circitors, or trustees, or key employees to a significant company or other person? of officiers, circitors, or trustees, or key employees to a significant company or other person? officiers, directors, or trustees, or key employees to a significant diversion of the organization's assets? 5	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members of the object of a significant diversion of the organization's assets? 6 Did the organization have members of the object of a significant diversion of the organization of the organization nave members of the governing body? 7 Did the organization have members of the object of the organization of the organization of the organization or the organization organization or the organization organization organization or the organization orga		officer, director, trustee, or key employee?			2	X	
of officers, directors, or trustees, or key employees to a management company or other person? 4	3						
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders. Or other persons who had the power to elect or appoint one or more members of the governing body? 8 Draw any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8					3		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any operance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Are any operance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization that the meeting held or written actions undertaken during the year by the following: 8 Did the organization stand that the meeting held or written actions undertaken during the year by the following: 8 Did the organization heave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization provided a complete copy of this form 990 to all members of its governing body before filing the form? 10 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Is a the schedule O the process, if any, used by the organization to review this Form 990. 11b Did the organization have a written whistleblower policy? 11c Did the org	4				4		Х
The Did the organization have members or stockholders? Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? To Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Be Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Be Did the organization that withority to act on behalf of the governing body? Be Section B. Policies (Tin's Section B requests information about policies not required by the Internal Revenue Code) Yes No Between the organization have local chapters, branches, or affiliates? To Did the organization have local chapters, branches, or affiliates? The system of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? The Describe in Schedule O the process, if any, used by the organization to review this Form 990. The Describe in Schedule O the process, if any, used by the organization to review this Form 990. The Organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done The organization have a written ondict of interest policy? If "No." to 10 the 12 to 12	5				5		X
Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O s Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "Yes," did the organization have a written conflict of interest policy? If "No," go to line 13 La Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interest that could give rise to conflicts? 12b X c Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written whistleblower policy? 16a Did the organization have a written whistleblower policy? 15 Did the organization have a written of commence of the process in Schedule O (see instructions). 16a Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year	6				6		Х
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 A X 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10c Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b Did the organization have a written of the following presons include a review and approval by independent persons, comparability and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 10c Did the organization have a written obcument retention and destruction policy? 10c Did the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 10c	7a			Т			
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all imembers of its governing body before filing the form? 11a As the organization have a written conflict of interest policy? If "No." go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15b X 16b Uffer organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," to line 15 ar 15b, describe the process in Schedule O (see instructions).					7a		Х
a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 10c Did the organization have a written conflict of interest policy? If "No," go to line 13 10c Did the organization have a written conflict of interest policy? If "No," go to line 13 10c Did the organization have a written conflict of interest policy? If "No," go to line 13 10c Did the organization have a written conflict of interest policy? 11c Did the organization have a written whistleblower policy? 12c X 13 Did the organization have a written whistleblower policy? 14 X 15 Did the proganization have a written whistleblower policy? 16 Did the proganization have a written occurrent retention and destruction policy? 18 The organization have a written occurrent retention and destruction policy? 19 Did the proganization have a written occurrent retention and destruction policy? 19 Did the organization is CEC, Executive Director, or top management official 19 Did the organization is CEC, Executive Director, or top management official 19 Did the organization is CEC, Executive Director, or top management official 19 Did the organizat	b			···· [
a The governing body? a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O y X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O (now this was done 12c X 13b Did the organization have a written whistelblower policy? 13c Did the organization have a written whistelblower policy? 13c Did the organization have a written whis					7b		Х
a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b I at Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Bid the organization are a written conflict of interest policity? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written official of the efficiency of the policy? If "No," go to line 13 b Other officers or key employees of the organization of the deliberation and decision? 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization organization organization organization organization organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and	8			····			
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in 'Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 10a X If "Yes," did the organization have exempt purposes? 10b 10a X If "Yes," did the organization have exempt organization to review this Form 990. 10a 10a X Did the organization have a written conflict of interest policy? If "No," go to line 13 10a					8a	Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Escribe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Escribe in Schedule O the process, if any, used by the organization to review this Form 990. 12c Did the organization have a written conflict of interest policy? If "No," go to line 13 12d Ex S 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c If the organization have a written whistleblower policy? 13d If the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the organization have a written policy or pomentation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15b X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization in via the taxable entity during the yea	_			- 1			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No				····	-		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X b as the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization have a written whistleblower policy? 13 X 1 14 Did the organization have a written document retention and destruction policy? If "Yes," describe in Schedule O how this was done 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEC, Executive Director, or top management official 15b X 1 b Other officers or key employees of the organization 15b X 1 b Other officers or key employees of the organization 15b X 1 b Uffers, did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply.	_				9		Х
10a bid the organization have local chapters, branches, or affiliates? bid the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written whistleblower policy? 16 Did the organization have a written whistleblower policy? 17 Did the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 18 The organization's CEO, Executive Director, or top management official 19 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 19 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 19 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizations 19 If "Yes," did the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate	Sec						
to be the organization have local chapters, branches, or affiliates? be if "Yes,* did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? be Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 be Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PNONE Section						Yes	No
b ff "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a	10a	Did the organization have local chapters, branches, or affiliates?			10a		_
and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 15c Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 15d Did the organization have a written whistleblower policy? 16d Did the organization have a written document retention and destruction policy? 17d Did the organization have a written document retention and destruction policy? 18d Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 18d The organization's CEO, Executive Director, or top management official 18d X 18				····			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule 0 how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization in "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed P NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 2 Nown website Another's website X Upon request Other(explain in Schedule O) 19 Desc					10b		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 15 Did the organization have a written document retention and destruction policy? 16 Did the organization have a written document retention and destruction policy? 17 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed P NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Another's website □ Another's website □ Did P None	11a				-	Х	
12a X b Were officers, of trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15b X List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			-, ······· · · · · · · · · · · ·				
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a X 16a X 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PNONE Section C. Disclosure 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER — (319) 895-4245					12a	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official persons in the organization of the deliberation and decision? a The organization's CEO, Executive Director, or top management official to the organization of the organization of the organization of the deliberation and decision? a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER — (319) 895-4245				⊢			
in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER - (319) 895-4245				····			
13					12c	X	
14	13					X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER - (319) 895-4245						Х	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MARIA BEAMER - (319) 895-4245				····			
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► MARIA BEAMER - (319) 895-4245							
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	а	• • • • • • •			15a	Х	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X							
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16b X				····			
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MARIA BEAMER - (319) 895-4245	16a		ement with a				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MARIA BEAMER - (319) 895-4245					16a		Х
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MARIA BEAMER - (319) 895-4245	b	, , ,		····	-		
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MARIA BEAMER - (319) 895-4245							
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MARIA BEAMER - (319) 895-4245					16b		
 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER - (319) 895-4245 	Sec						
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other(explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER - (319) 895-4245		•	T (Section 501(c)(3)s o	nly) av	ailab	le	
 X Own website			,,,,				
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► MARIA BEAMER - (319) 895-4245 			in Schedule O)				
statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA BEAMER - (319) 895-4245	19		,	, and t	financ	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► MARIA BEAMER - (319) 895-4245			,,		-		
MARIA BEAMER - (319) 895-4245	20		ooks and records:				
			´ _				

Form 990 (2016) CORNELL COLLEGE 42-0680335 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five currenthighest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l g		((C)		, iou	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck ss pe nd a d	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRISCOE, ANDREW TRUSTEE	1.00	X						0.	0.	0.
(2) BRYANT, PETER S.	1.00									
TRUSTEE		Х						0.	0.	0.
(3) CORNELISON, ALBERT TRUSTEE	1.00	Х						0.	0.	0.
(4) DEANGELES, STEVEN TRUSTEE	1.00	х						0.	0.	0.
(5) GUTIERREZ-VILLA, MARICRUZ	1.00	123								
TRUSTEE		Х						0.	0.	0.
(6) HALL, ANGELICA	1.00									
TRUSTEE		Х						0.	0.	0.
(7) JENSEN, JEFFREY	1.00	l							•	•
TRUSTEE	1 00	Х						0.	0.	0.
(8) JOHNSON, MAUREEN	1.00	x						0.	0.	0.
TRUSTEE (9) JORGENSON, JUDY	1.00	₽						0.	0.	· ·
TRUSTEE	1.00	x						0.	0.	0.
(10) KABOLI, EMMA	1.00									
TRUSTEE		Х						0.	0.	0.
(11) KOEHN, LINDA	1.00	.,						0	0	0
TRUSTEE	1.00	Х						0.	0.	0.
(12) MCLENNAN, ROBERT TRUSTEE	1.00	x						0.	0.	0.
(13) MEADS, EDWARD	1.00	122						0.	0.	0.
TRUSTEE	1100	x						0.	0.	0.
(14) MORRIS, PETER	1.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
(15) MORTON, KAYLA	1.00									
TRUSTEE		Х						0.	0.	0.
(16) PANFIL, JANENE	1.00								•	_
TRUSTEE	1 00	Х						0.	0.	0.
(17) REED, HARPER TRUSTEE	1.00	x						0.	0.	0.
632007 11-11-16		Δ.						<u> </u>	0.	Form 990 (2016)

632007 11-11-16

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) 1.00 (18) SIMMER, SCOTT 0. 0. 0. TRUSTEE X (19) SMITH, JOHN 1.00 X 0 0 . 0. TRUSTEE 1.00 (20) STOLL, SHERYL ATKINSON 0 X 0. 0. TRUSTEE 1.00(21) TURNER, JOHN X 0 0 . TRUSTEE 0. (22) URHEIM, MAXINE 1.00 0 0 0. TRUSTEE Х 1.00 (23) WILLIAMS, RICHARD X 0. 0. 0. TRUSTEE (24) RUSSELL, JEAN 3.00 AT LARGE, EXECUTIVE COMMITTEE X X 0. 0. 0. 3.00 (25) CARSTENSON, MILDRED X X 0. 0. 0. AT-LARGE, EXECUTIVE COMMITTEE 3.00 (26) THOMAS, JAN VICE CHAIR, ACADEMIC/STUDENT AFFAIRS Х 0 0 0. 0. 0. 1b Sub-total 1,685,438. 392,904. 0. c Total from continuation sheets to Part VII, Section A 392,904. 1,685,438. d Total (add lines 1b and 1c)

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

Yes No
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

X

X

X

X

X

X

X

X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BON APPETIT, 100 HAMILTON AVENUE, SUITE		
400, PALO ALTO, CA 94301	CAMPUS FOOD SERVICE	3,267,707.
M.A. MORTENSON COMPANY	GENERAL CONTRACTOR -	
700 MEADOW LANE N, MINNEAPOLIS, MN 55422	DORM PROJECT	1,975,788.
SOUTHEAST SERVICE CORPORATION DBA SSC SERVI	CAMPUS CLEANING	
PO BOX 91337, CHICAGO, IL 60693	SERVICE	949,301.
PIPE PRO, INC.	PLUMBING,	
6633 8TH STREET SW, CEDAR RAPIDS, IA 52404	PIPEFITTING	456,608.
PER MAR SECURITY SERVICES		
PO BOX 1101, DAVENPORT, IA 52805	CAMPUS SECURITY	234,958.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

31

Form 990 CORNELL (42-068	0333
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ė		(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c		all t			ly)	compensation	compensation	amount of
	per	Ť				Ė	Ė	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old me		organization	(W-2/1099-MISC)	from the
	hours for	or di	e,			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	frust		96	suadı				and related
	below	ual tr	iional		yoldı	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RINGER, JERRY N.	3.00									
VICE CHAIR, BLDS/GROUNDS POLICY		Х		Х				0.	0.	0
(28) KAO, FRANCES	3.00									
VICE CHAIR, BUSINESS AFFAIRS		Х		Х				0.	0.	0
(29) HIRATZKA, LOREN	3.00									
VICE CHAIR, ENROLLMENT/COMM POLICY		Х		Х				0.	0.	0
(30) DURHAM, THOMAS	3.00									
CHAIR, GOVERNANCE COMMITTEE		Х		Х				0.	0.	0
(31) BOYER, GILDA	3.00									
CHAIR ELECT, VICE CHAIR COLLEGE ADV		Х		Х				0.	0.	0
(32) MCGRANE, JOHN	4.00									
BOARD CHAIR		Х		Х				0.	0.	0
(33) LANGSETH, KAY	50.00									
TREASURER/VP OF BUSINESS AFFAIRS				Х				172,612.	0.	24,786
(34) BRAND, JONATHAN	60.00									
PRESIDENT				Х				291,657.	0.	146,408
(35) GERARD, PAM	50.00								_	
VP FOR ADVANCEMENT					Х			176,189.	0.	23,354
(36) DIEKER, RONALD	50.00							4		
VP FOR ACADEMIC AFFAIRS					Х			155,595.	0.	27,571
(37) MURPHY, COLLEEN	50.00							450.000		04 604
VP FOR ENROLLMENT					Х			152,882.	0.	24,634
(38) GIVENS, ROBERT	50.00					l		4.5		
PROFESSOR						Х		165,418.	0.	20,662
(39) PLAUT, ANTHONY	50.00					l		440 005		- 4 6-0
PROFESSOR	<u> </u>					Х		110,396.	0.	74,652
(40) GRAY, PAUL	50.00							150 130	0	15 210
PROFESSOR	F0 00					Х		159,139.	0.	15,310
(41) WHALE, ELLEN	50.00					,,		152 450	0	16 025
PROFESSOR	F0 00					Х		153,459.	0.	16,835
(42) DEVRIES, STEVE	50.00					,,		140 001	0	10 600
PROFESSOR						Х		148,091.	0.	18,692
		-								
		\vdash				_				
	l	<u> </u>				<u> </u>	<u> </u>			
Total to Part VII, Section A, line 1c								1,685,438.		392,904

Form 990 (2016) CORNELL
Part VIII Statement of Revenue

		Chack if Schodula O cont	aine a roenoneo	or note to any lin	o in this Dart VIII			
		Check if Schedule O cont	ains a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ìrar oun		Membership dues						
S, G	С	Fundraising events	1c					
ar /		Related organizations						
s, (mil		Government grants (contribut		420,638.				
ion Si		All other contributions, gifts, gran	· -	·				
but		similar amounts not included above		13,845,263.				
iği Öl	ď	Noncash contributions included in lines		1,116,603.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			14,265,901.			
		Total Add in 65 Ta Ti		Business Code				
o l	2 a	TUITION AND FEES		611710	37,595,934.	37,595,934.		
vic		DINING	_	611710	4,317,186.	4,317,186.		
Ser		RESIDENCE	_	611710	3,745,580.	3,745,580.		
E S	_	EDUCATIONAL TRIPS		611710	518,601.	518,601.		
Program Service Revenue	_	STUDENT ACTIVITIES		611710	230,355.	230,355.		
Pro		All other program service reve	anue.	011/10	200,000.	200,000.		
		Total. Add lines 2a-2f			46,407,656.			
	3	Investment income (including			, , -			
	•	other similar amounts)			484,598.		12,548.	472,050.
	4	Income from investment of tax			7			
	5	Royalties						
	3	noyaities	(i) Real	(ii) Personal				
	6 -	Gross rents	240,115.	<u> </u>				
		Cross rents Less: rental expenses	143,380					
		Rental income or (loss)	96,735					
		Net rental income or (loss)			96,735.			96,735.
		Gross amount from sales of	(i) Securities	(ii) Other	30,733.			30,733.
	1 a	assets other than inventory	44,533,340	+ ` '				
	h	Less: cost or other basis	11,333,310	'				
	i,		42,747,243.	51,312.				
	_	and sales expenses Gain or (loss)						
		Net gain or (loss)			1,734,785.			1,734,785.
		a Gross income from fundraising			1,734,703.			1,734,703.
nue	0 a	including \$	`					
Other Revenu			of					
Re		contributions reported on line	-	45,275.				
her	L	Part IV, line 18						
ŏ		Less: direct expenses			-19,646.			-19,646.
		Net income or (loss) from fundGross income from gaming ac	-	>	17,040.			15,040.
	Эа							
	L	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	IU a							
		and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
	44 -	Miscellaneous Revenu BRACKET HOUSE	l e	Business Code 721310	45,648.		35,257.	10,391.
		ATHLETICS		900099			33,237.	
				-	19,659.		2 050	19,659.
	_	HLTP FITNESS CENTER		713940	7,807.		2,850.	4,957.
		All other revenue			72 114			
		Total. Add lines 11a-11d Total revenue. See instructions.		~	73,114. 63,043,143.	46,407,656.	50,655.	2,318,931.
	12	TOTAL LEVERIUE. SEE INSTRUCTIONS.			UJ,U43,143.	±0,40/,000.	20,025.	4 , J T O , J J T •

632009 11-11-16

	t IX Statement of Functional Expens			12 0	Page IO
	on 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon			, , , , , , , , , , , , , , , , , , , ,	
	not include amounts reported on lines 6b, 8b, 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	21,225,630.	21,225,630.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,213,735.	360,682.	654,064.	198,989.
•	trustees, and key employees	1,213,733.	300,002.	034,004.	190,909.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,109,556.	12,689,959.	1,143,196.	1,276,401.
8	Pension plan accruals and contributions (include		22/003/3030		
Ü	section 401(k) and 403(b) employer contributions)	924,369.	809,360.	257.	114,752.
9	Other employee benefits	1,849,088.	1,536,619.	81,458.	231,011.
10	Payroll taxes	1,049,756.	856,451.	61,682.	131,623.
11	Fees for services (non-employees):			·	·
а	Management	191,554.	74,633.	116,921.	
	Legal	39,912.	2,604.	37,308.	
	Accounting	68,666.		68,666.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	62,862.			62,862.
f	Investment management fees	195,678.		195,678.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	160,602.	160,602.		101-
12	Advertising and promotion	912,881.	728,850.	56,514.	127,517.
13	Office expenses	1,340,479.	863,228.	330,383.	146,868.
14	Information technology	454,493.	124,334.	284,615.	45,544.
15	Royalties	498,662.	468,386.	13,339.	16,937.
16	Occupancy	1,448,970.	1,269,429.	46,861.	132,680.
17	Travel	1,440,570.	1,209,429.	40,001.	132,000.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	311,980.	171,248.	80,653.	60,079.
20		718,450.	718,450.	30,033.	00,010
21	Payments to affiliates	. = 0 , 2 0 0	0 , _ 2 0 0		
22	Depreciation, depletion, and amortization	4,601,342.	4,445,458.	95,310.	60,574.
23	Insurance	496,943.	161.	496,782.	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DINING	3,057,007.	3,057,007.	25 255	16 101
b	UTILITIES	1,255,152.	1,201,891.	37,077.	16,184.
С	CUSTODIAL SERVICES	951,541.	893,769.	25,453.	32,319.
d	LIBRARY & AUDIO VISUAL	547,167.	547,167.	26 560	21 220
	All other expenses	1,472,499. 60,158,974.	1,414,600.	26,560.	31,339.
25	Total functional expenses. Add lines 1 through 24e	00,138,9/4.	53,620,518.	3,852,777.	2,685,679.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	23,085.
	2	Savings and temporary cash investments			8,439,059.	2	8,884,397.
	3	Pledges and grants receivable, net			22,604,688.	3	24,420,676.
	4	Accounts receivable, net			515,699.	4	399,829.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			74,257.	8	73,147.
	9	Prepaid expenses and deferred charges			704,274.	9	733,518.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	137,310,344.			
	b	Less: accumulated depreciation	10b	58,657,483.		10c	
	11	Investments - publicly traded securities	40,872,416.	11	52,295,588.		
	12	Investments - other securities. See Part IV, line 1			20,648,021.	12	12,544,393.
	13	Investments - program-related. See Part IV, line 1			1,872,193.	13	1,697,346.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	10,207,022.	15	10,302,453.		
	16	Total assets. Add lines 1 through 15 (must equa			184,413,049.	16	190,027,293.
	17	Accounts payable and accrued expenses			2,380,340.	17	2,997,015.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			19,965,000.	20	18,916,786.
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officers	s, directors, trustees,			
≝		key employees, highest compensated employees	s, and	disqualified persons.			
Liabilities						22	
_	23	Secured mortgages and notes payable to unrelate			4,520,755.	23	2,888,572.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	ables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			6 000 650
		Schedule D			6,842,352.		6,209,670.
	26	Total liabilities. Add lines 17 through 25			33,708,447.	26	31,012,043.
		Organizations that follow SFAS 117 (ASC 958)		k here ▶			
Ses		complete lines 27 through 29, and lines 33 and			60 160 000		60 070 417
au	27	Unrestricted net assets			60,160,809.	27	60,978,417.
Bal	28	Temporarily restricted net assets	21,257,536.	28	26,939,515.		
Fund Balances	29				69,286,257.	29	71,097,318.
Ŀ		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 📖			
, or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or	32	Retained earnings, endowment, accumulated inc			150 704 600	32	150 015 050
2	33	Total net assets or fund balances			150,704,602.	33	159,015,250.
	34	Total liabilities and net assets/fund balances			184,413,049.	34	190,027,293.

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		,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2	60	,15	8,9	74.
3						69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150	,70	4,6	02.
5	Net unrealized gains (losses) on investments	5	5	,52	5,3	62.
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 in Schedule O)	9		-9	8,8	83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	159	,01	5,2	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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 in Schedule					
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	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					X	
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				7.7	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CORNELL COLLEGE 42-0680335 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,478,201.	16,907,006.	23,933,935.	6,900,178.	14,265,901.	69,485,221.
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	7,478,201.	16,907,006.	23,933,935.	6,900,178.	14,265,901.	69,485,221.
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)						10,175,865.
6	Public support. Subtract line 5 from line 4.						59,309,356.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	7,478,201.	16,907,006.	23,933,935.	6,900,178.	14,265,901.	69,485,221.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	541,250.	552,182.	612.824.	602,985.	712,165.	3,021,406.
9	Net income from unrelated business	,	, ,	,	,	,	, , .
·	activities, whether or not the						
	business is regularly carried on					8,381.	8,381.
10	Other income. Do not include gain					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000
	or loss from the sale of capital						
	assets (Explain in Part VI.)	512.413.	216,245.	111.474.	119.147.	35.007.	994,286.
11	Total support. Add lines 7 through 10		,	,			73,509,294.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 241	,997,029 .
13	First five years. If the Form 990 is for						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, check this box and stor	. la aua					
Sec	ction C. Computation of Publ						······
14	Public support percentage for 2016 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	80.68 %
15	Public support percentage from 2015					15	78.60 %
16a	33 1/3% support test - 2016. If the o					nore, check this bo	x and
	stop here. The organization qualifies						\triangleright X
b	33 1/3% support test - 2015. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		,	ightharpoons
17a	and stop here. The organization qualifies as a publicly supported organization						
	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"						
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization		•	•	,		
<u></u>		ala 1101 011001(a	~ 2.7. 3.1 10 10, 100	., ,	, 1110011 1110 DOX 0	555 11.56 45601	

Schedule A (Form 990 or 990-EZ) 2016

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.)

Se	ction A. Public Support	clow, please com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	<u> </u>	<u> </u>	```
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						-
/ 6	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	l .		<u> </u>			<u> </u>
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
<u>~</u>	check this box and stop here						_
	ction C. Computation of Publ						
	Public support percentage for 2016 (I						%
	Public support percentage from 2015 ction D. Computation of Inves					16	%
17	· · · · · · · · · · · · · · · · · · ·					17	%
18	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2016. If the						
198		-					
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his box and see in	estructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	401-		
	10b	\	0040
m 9	90 or 99	7U-EZ)	2016

Pa	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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 yea(see instructions).			
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 government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) below.			
а				
	trustees of each of the supported organizations? 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.

Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.			
Sect	ion 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				
Sect	ion 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):					
a	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	Discountclaimed 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 1-1/2% 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 .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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-functiona	lly integra	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

	1 Type III Non-1 directionally integrated 303	tayto, oupporting orga	(continuea)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a	Evenes from 2012			
	Excess from 2013			
	Excess from 2014 Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: ATHLETICS 2016 AMOUNT: \$ 19,659. BRACKET HOUSE 2016 AMOUNT: \$ 10,391. HLTP FITNESS CENTER 4,957. 2016 AMOUNT: MISCELLANEOUS INCOME 2012 AMOUNT: 512,413. 2013 AMOUNT: 216,245. 2014 AMOUNT: 111,474. 2015 AMOUNT: \$ 119,147.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

CORNELL COLLEGE 42-0680335

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	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 or 990-EZ), 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, 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 \ \rightarrow \\$ \ \rightarrow \\$				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number CORNELL COLLEGE 42-0680335

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,520,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 810,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 722,556.	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number CORNELL COLLEGE 42-0680335

Part I	Contributors (See instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ <u>437,750.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 326,460.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ <u>420,638.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

CORNELL COLLEGE

42-0680335

art II	Noncash Property (See instructions). Use duplicate copies of F	-art II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
			990, 990-EZ, or 990-PF)

Name of organization Employer identification number CORNELL COLLEGE 42-0680335 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	CORNELL COLLEGE		42-0680335
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		-
Pai			
1	Purpose(s) of conservation easements held by the organization		a ,
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	
		Freservation of a cert	med historic structure
0	Preservation of open space		of a companyation accompany on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	·	
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.	ion o imanolal statemento triat decembes	the organization of decounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
12	If the organization elected, as permitted under SFAS 116 (AS		nent and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh		
			nice of public service, provide, in Fait Alli,
	the text of the footnote to its financial statements that describe the text of the footnote to its financial statements that describe the text of the footnote to its financial statements that describe the footnote to its financial statement that describe the footnote that describe the footnote th		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2016

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other	Similar A	ssets(continued)					
a Public exhibition d Loan or exchange programs Conter Conter	3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	are a sigr	nificant use o	f its collection items					
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		(check all that apply):											
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization's collections? ▼eported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X, line 21. 1b If Yes,* explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1d Is Ending balance 1d Additions during the year 1d Is Ending balance 1d Bold the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▼es No In Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Bolginning of year balance 1a Bolginning of year balance 1b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1a Bolginning of year balance 1a Bolginning of year balance 1b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1b Endowment Funds. Complete if the organization answered "Yes," on Form 990, Part IV, line 10. 1b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2b Bold the organization and the part XIII. The organization and Part XIII. Part Y, line 10. 2c Not investment earnings, gains, and losses of the organization a	а	Public exhibition	d	Loan or exch	hange program	ns							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 APAT. (Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. 1b If "Yes," explain the arrangement in Part XIII and complete the following table:	b	Scholarly research	е	Other									
be During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia Is the organization and the arrangement in Part XIII and complete the following table: Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Preservation for future generations											
be During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia Is the organization and the arrangement in Part XIII and complete the following table: Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	4	Provide a description of the organization's co	llections and explair	n how they further th	ne organizatior	n's exem	pt purpose in	Part XIII.					
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Description of Form 990, Part X?	5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
Teported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?													
1	Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Y	es" on F	orm 990, Par	t IV, line 9, or					
on Form 990, Part X? Yes		reported an amount on Form 990, Par	t X, line 21.										
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other asse	ets not in	cluded						
c Beginning balance d Additions during the year e Distributions during the year 1 f Ending balance 2 f Ending balance 3 f Ending balance 4 f Ending balance 5 f Fyes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 a Beginning of year balance 1 a Beginning of year balance 2		on Form 990, Part X?						Yes No					
C Beginning balance C	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:									
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								Amount					
e Distributions during the year f Ending balance 22a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 70,926,134, 74,517,007, 73,773,269, 66,999,430, 63,666,636, b Contributions 1,821,824, 2,662,491, 1,879,704, 2,022,993, 2,087,182, c Net investment earnings, gains, and losses 1,821,824, 2,662,491, 1,879,704, 2,022,993, 2,087,182, d Grants or scholarships e Other expenditures for facilities and programs 5,480,369, 3,962,224, 2,993,311, 2,752,285, 2,652,745, d Administrative expenses 9 End of year balance 74,501,998, 70,926,134, 74,517,007, 73,773,269, 66,999,430, 66,999,430, 63,666,636,636,636,636,636,636,636,636	С	Beginning balance					1c						
Finding balance 14 15 16 16 16 16 16 16 16	d	Additions during the year					1d						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e						
Description Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Interview Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Comparison Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Comparison Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Comparison Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Comparison Part V Endowment Endowment Part V Endowment Endowment Part V Endowment Endowmen	f												
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year back (a) Current year back (a) Current year back (a) Current year back (b) Prior years back (c) Two years back (d) Three years back (e) Four years years (e) Fou		•		·		•	/?	. L Yes L No					
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Pack (d) For year back (d) For years back (d) For year back (d) For years back (d) For year back (d) For year years (d) For years (d) For year years (d) For years								<u></u>					
1a Beginning of year balance 70,926,134. 74,517,007. 73,773,269. 66,999,430. 63,666,636 b Contributions 1,821,824. 2,662,491. 1,879,704. 2,022,993. 2,087,182. c Net investment earnings, gains, and losses 7,292,881. -2,174,730. 1,857,345. 7,503,131. 3,898,357. d Grants or scholarships 5,480,369. 3,962,224. 2,993,311. 2,752,285. 2,652,745. f Administrative expenses 5,480,369. 3,962,224. 2,993,311. 2,752,285. 2,652,745. g End of year balance 74,501,908. 70,926,134. 74,517,007. 73,773,269. 66,999,430. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 3 8 8 66,999,430.	Pai	T V Endowment Funds. Complete if			· ·								
b Contributions		-	• • • •										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 5,480,369, 3,962,224, 2,993,311, 2,752,285, 2,652,745, f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 4.63 % b Permanent endowment 89.50 % Temporarily restricted endowment 5.87 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 100,000,3,573,981.	1a	F											
d Grants or scholarships e Other expenditures for facilities and programs 5,480,369. 3,962,224. 2,993,311. 2,752,285. 2,652,745. f Administrative expenses g End of year balance 74,501,908. 70,926,134. 74,517,007. 73,773,269. 66,999,430. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4.63 % b Permanent endowment ▶ 89.50 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) unrelated organizations (iii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property c) (a) Cost or other basis (investment) basis (other) c) Accomplated depreciation (d) Book value 1a Land 1 100,000. 3,573,981.	b												
e Other expenditures for facilities and programs 5,480,369 3,962,224 2,993,311 2,752,285 2,652,745. f Administrative expenses 58,562 116,410 74,517,007 73,773,269 66,999,430. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4 ⋅ 63 % b Permanent endowment ▶ 89 ⋅ 50 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (investment) basis (other) 3,673,981.	С		7,292,881.	-2,174,730.	1,857,	345.	7,503,1	31. 3,898,357.					
and programs 5,480,369, 3,962,224, 2,993,311, 2,752,285, 2,652,745. f Administrative expenses 58,562, 116,410, 74,517,007, 73,773,269, 66,999,430. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4.63 % b Permanent endowment ▶ 89.50 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 100,000. 3,573,981. 3,962,224. 2,993,311. 2,752,285. 2,652,745. 1a Land 2,652,745. 1a,74,517,007. 73,773,269. 66,999,430. 74,517,007. 73,773,269. 74,517,007. 73,773,269. 74,517,007. 73,773,269.	d	Grants or scholarships											
f Administrative expenses g End of year balance 74,501,908. 70,926,134. 74,517,007. 73,773,269. 66,999,430. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4.63 % b Permanent endowment ▶ 89.50 % c Temporarily restricted endowment ▶ 5.87 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land 100,000,37,793,981. 3,673,981.	е	Other expenditures for facilities											
g End of year balance 74,501,908. 70,926,134. 74,517,007. 73,773,269. 66,999,430. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4 ⋅ 63		. •			2,993,	311.	2,752,2	2,652,745.					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4 ⋅ 63 _ % b Permanent endowment ▶ 89 ⋅ 50 _ % c Temporarily restricted endowment ▶ 5 ⋅ 87 _ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Г											
a Board designated or quasi-endowment ▶ 89 · 50	g					,007.	73,773,2	66,999,430.					
b Permanent endowment ▶ 89 • 50	2				ı)) held as:								
Temporarily restricted endowment ▶ 5.87 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 100,000 3,573,981 3,673,981	а	· · · · · · · · · · · · · · · · · · ·		_%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 100,000 3,573,981 3,673,981		· ———											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land 1 0 0 , 0 0 0 0 3 , 5 7 3 , 9 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	С	· · · · —											
by: (i) unrelated organizations (ii) related organizations (iii) related organizations	_		=										
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 Land 100,000 3,573,981 3,673,981	За		ssion of the organiza	ition that are held ai	nd administere	ed for the	organization	1.					
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 Description of property 1 Land 1 Land 1 Description of Operation of Description of Property 3 Description of Property (a) Cost or other basis (other) 1 Description of Property 3 Description of Property (a) Cost or other basis (other) 1 Description of Property 3 Description of Property (b) Cost or other basis (other) 1 Description of Property 3 Description of Property (c) Accumulated depreciation 3 Description of Property 3 Description of Property 4 Description of Property 5 Description of Property 6 Description of Property 1 Description of Property 2 Description of Property 3 Description of Property 4 Description of Property 5 Description of Property 6 Description of Property 9 Description of Propert		-						- 					
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 Land 1 0 0 , 0 0 0 0 3 , 5 7 3 , 9 8 1 0 3 , 6 7 3 , 9 8 1 0													
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1 Land 100,000. 3,573,981. 3,673,981.													
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 100,000. 3,573,981. 3,673,981.	b	• • • • • • • • • • • • • • • • • • • •	· ·					3b					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 100,000. 3,573,981. 3,673,981.	Par			wment tunas.									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 3,673,981.	ı aı			Dart IV line 11a S	oo Form 000	Dart V lir	20.10						
basis (investment) basis (other) depreciation 1a Land 100,000. 3,573,981. 3,673,981.								(d) Dook value					
1a Land 100,000. 3,573,981. 3,673,981.		Description of property	1 ' '	' '		. ,		(a) book value					
0.400 (60 400 054 005 46 460 540 66 004 050	10	Land	100 /			асріс	JOIGUOTI	3 673 981					
			- 400			46 16	53 519						
c Leasehold improvements				223,23	-,,,,,,,	, -	,	00,021,070					
				15 97	8.286	12 49	93.964.	3,484,322.					
4 572 470						,_	,	4,573,479.					
								78,652,861.					

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely-held equity interests									
(3) Other									
(A) HEDGE FUND	3,516,048.								
(B) NATURAL RESOURCE FUND	1,289,030.								
(C) PRIVATE EQUITY FUND	2,363,367.	END-OF-YEAR MARKET VALUE							
(D) REIT	5,370,824.	END-OF-YEAR MARKET VALUE							
(E) OTHER	5,124.	END-OF-YEAR MARKET VALUE							
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,544,393.								

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUST	4,704,430.
(2) UNITRUSTS	1,793,001.
(3) CONTRACTS AND MISC	10,342.
(4) CSV LIFE INSURANCE	3,794,680.
(5)	
(6)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,302,453.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	US GOVERNMENT LOANS, REFUNDABLE	621,706.
(3)	STUDENT TUITION PAID IN ADVANCE	193,703.
(4)	ANNUITIES PAYABLE	843,614.
(5)	LIFE-INCOME PAYABLE	888,625.
(6)	CONTRACT ADVANCES	3,244,396.
(7)	ASSET RETIREMENT OBLIGATION	417,626.
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,209,670.

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

Schedule D (Form 990) 2016

Sched	ule D (Form 990) 2016	CORNELL	COLLEGE			42-	0680335	Page 4	
Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the orga	nization answered	"Yes" on Form 99	0, Part IV, line 12a.					
1	Fotal revenue, gains, and ot	ther support per a	udited financial sta	tements		1	47,256	,935	

1	Total revenue, gains, and other support per audited financial statements			1	47,256,935.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	5,525,362.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	208,301.		
е	Add lines 2a through 2d			2e	5,733,663.
3	Subtract line 2e from line 1			3	41,523,272.
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	195,678.		
b	Other (Describe in Part XIII.)	4b	21,324,193.		
С	Add lines 4a and 4b			4c	21,519,871.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	63,043,143.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 38,945,967. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c Other losses <u>208,3</u>01. Other (Describe in Part XIII.) 208,301. 2e Add lines 2a through 2d 38,737,666. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 195,678. a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 21,421,308. c Add lines 4a and 4b

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 THE COLLEGE HAS ADOPTED POLICIES TO COMPLY WITH FAS 117-1 AND INVESTMENTS. 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 THE COLLEGE FILES A FORM 990 (RETURN OF ORGANIZATION BUSINESS ACTIVITIES.

Schedule D (Form 990) 2016

60,158,974.

Part XIII Supplemental Information (continued)
EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOME (UBI) IS
REPORTED ON FORM 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUATED THEIR
MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX-EXEMPT
STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBI. AS OF
JUNE 30, 2017 AND 2016, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED
AND RECORDED AS A LIABILITY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 143,380
SPECIAL EVENTS EXPENSE 64,921
TOTAL TO SCHEDULE D, PART XI, LINE 2D 208,301
PART XI, LINE 4B - OTHER ADJUSTMENTS:
ACTUARIAL ADJUSTMENT 98,563
SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 21,225,630
TOTAL TO SCHEDULE D, PART XI, LINE 4B 21,324,193
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 143,380
SPECIAL EVENTS EXPENSE 64,921
TOTAL TO SCHEDULE D, PART XII, LINE 2D 208,301
PART XII, LINE 4B - OTHER ADJUSTMENTS:
SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 21,225,630

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CORNELL COLLEGE

Employer identification number 42-0680335

CORNELL COLLEGE 42	<u>-0680</u>	335	J
art I			
		YES	L
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
other governing instrument, or in a resolution of its governing body?	1	Х	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			Γ
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarship	s? 2	Х	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			Г
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
If you need more space, use Part II	3	Х	Γ
SEE PART II	_		
	_		
Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	- 4a	Х	
		X	t
 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 		 *`	H
		х	l
admissions, programs, and scholarships?		X	H
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	Α.	H
Does the organization discriminate by race in any way with respect to:	_		
a Students' rights or privileges?	5a		Ι
Admissions policies?			t
Employment of faculty or administrative staff?			t
Scholarships or other financial assistance?			t
Educational policies?			T
f Use of facilities?			T
g Athletic programs?			t
h Other extracurricular activities?			t
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			Ī
	_		
Does the organization receive any financial aid or assistance from a governmental agency?		х	
o Has the organization's right to such aid ever been revoked or suspended?	6b		L
			1
If you answered "Yes" on either line 6a or line 6b, explain on Part II.			L

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

Schedule E (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
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,
AND THUS, WOULD BE KNOWN TO ALL PARTS OF THE COMMUNITY IT SERVES.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE COLLEGE RECEIVES FEDERAL AND STATE GRANTS.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

CORNELL COLLEGE					12-068033	35
		ctivities Ou	tside the United States. Comple			
Form 990, Part IV						
			ds to substantiate the amount of its gra			v 🗆
the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assista	ance? L	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and othe	er assistance out	side the
3 Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)		٠,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA &						
CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD	PROGRAM	155,526.
						·
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD	PROGRAM	185,160.
EAST ASIA & THE		•			DD CGD 114	54 505
PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	PROGRAM	54,507.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD	PROGRAM	45,521.
•		^				440 714
3 a Sub-total b Total from continuation	0	0				440,714.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3h)	l 0	0				440 714.

632071 09-21-16

Schedule F (Form 990) 2016

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

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 organizatio	ne lieted above that are	recognized as charities by the	foreign country	recognized as tay a	vemnt by		
	the grantee or couns	el has provided a section	n 501(c)(3) equivalency letter					

Schedule F (Form 990) 2016 CORNELL COLLEGE			42-0680335				Page 3
Part III Grants and Other Assis			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicate	d if additional space is need						•
(a) Type of grant or assistance	e (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)

Schedule F (Form 990) 2016 Part IV Foreign Forms

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

Schedule F (Form 990) 2016

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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Employer identification number

Inspection

CORNELL	COLLEGE				42-0680	335
Part I Fundraising Activities required to complete this par	• Complete if the organization answ t.	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Specia or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) purs	ation of ation of I fundra Il (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or	□ No e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
RENZEBACH GLIER & ASSOCIATES		Yes	No			
PO BOX 88277, CHICAGO, IL	CAMPAIGN FEASABILITY STUDY		Х	0.	62,862.	-62,862.
		_				
		-				
				b b	62,862.	-62,862.
 List all states in which the organization or licensing. 	on is registered or licensed to solicit	contric	outions	s or has been notified	a it is exempt from re	egistration
[L						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 CORNELL COLLEGE 42-0680335 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			HOMECOMING	GOLF OUTING		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	22,995.	22,280.		45,275.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	22,995.	22,280.		45,275.
	4	Cash prizes				
Se	5	Noncash prizes		4,792.		4,792.
xpense	6	Rent/facility costs	8,668.	5,585.		14,253.
Direct Expenses	7	Food and beverages	25,269.	1,944.		27,213.
	8	Entertainment	5,001.	105.		5,106.
	9	Other direct expenses		8,640.		13,557.
	10	Direct expense summary. Add lines 4 through			>	64,921.
		Net income summary. Subtract line 10 from I				-19,646.
Pa	irt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Be	4	Gross revenue				
	Ė	areas revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conduthe organization licensed to conduct gaming a No," explain:		states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 CORNELL COLLEGE	42-0680335 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶	unt
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name ▶	
Name P	
Gaming manager compensation ▶ \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
	ii tile
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, linos Q. Ob. 10b. 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, IIIIes 9, 90, 100, 100,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	TSERS
Deniaboli G, TAKT I, BINL 2B, BIST OF TEN HIGHEST TAID TONDKA	TOURD:
(I) NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES	
(1) NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES	
(I) ADDRESS OF FUNDRAISER: PO BOX 88277, CHICAGO, IL 60680	

Schedule G (Form 990 or 990-EZ) CORNELL COLLEGE	42-0680335 Page 4
Schedule G (Form 990 or 990-EZ) CORNELL COLLEGE Part IV Supplemental Information (continued)	<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization CORNELL C	OLLEGE						Employer identification number $42-0680335$
Part I								42 0000333
1 D	oes the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
	riteria used to award the grants or assi							
2 D	escribe in Part IV the organization's pro	ocedures for moni	toring the use of gran	t funds in the Unite	d States.			
Part II	Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II car	· ·	tional space is nee	<u> </u>	(6) Mada al af		
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a							>

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.

non- nce (book, FMV, appraisal, other)	(f) Description of noncash assistance
0.N/A	N/A
	N/A
	N/A

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

PART I, LINE 2:

CORNELL MONITORS ALL GRANT RESOURCES THROUGH FEDERAL, STATE, AND

INSTITUTIONAL AUDITS AS WELL AS FEDERAL, STATE, AND INTERNAL POLICY AND

PROCEDURES AS WELL AS PERIODIC AUDITING BY AND REPORTING TO THE FEDERAL

DEPARTMENT OF EDUCATION, AN INDEPENDENT AUDIT FIRM COMPLETES AN ANNUAL

AUDIT OF ALL GRANTS AND OTHER ASSISTANCE CORNELL'S MANAGEMENT TAKES THE

NECESSARY STEPS TO INSURE CORNELL IS IN COMPLIANCE WITH THE MANY FEDERAL

REGULATIONS RECIPIENTS OF GRANT AND OTHER ASSISTANCE ARE SELECTED ON AN

EQUAL OBJECTIVELY DETERMINABLE BASIS WITH OTHER RECIPIENTS.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

CORNELL COLLEGE

Employer identification number 42-0680335

		Yes	No
1a Check the	e appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
Part VII, S	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.		
First	class or charter travel X Housing allowance or residence for personal use		
X Trav	el for companions Payments for business use of personal residence		
Tax	ndemnification and gross-up payments Health or social club dues or initiation fees		
Disc	retionary spending account Personal services (such as, maid, chauffeur, chef)		
b If any of t	ne boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
reimburse	ment or provision of all of the expenses described above? If "No," complete Part III to explain	Х	
2 Did the o	ganization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
trustees,	and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	Х	
3 Indicate v	which, if any, of the following the filing organization used to establish the compensation of the organization's		
	cutive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
	compensation of the CEO/Executive Director, but explain in Part III.		
	pensation committee		
	pendent compensation consultant X Compensation survey or study		
	n 990 of other organizations X Approval by the board or compensation committee		
	,		
4 During th	e year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
	on or a related organization:		
-	severance payment or change-of-control payment?		Х
	e in, or receive payment from, a supplemental nonqualified retirement plan? 4b		Х
	e in, or receive payment from, an equity-based compensation arrangement? 4c		Х
	p any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	ти, типи на тринителнителнителнителнителнителнителните		
Only sec	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
	ns listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	t on the revenues of:		
a The organ			Х
	ed organization? 5b		Х
	n line 5a or 5b, describe in Part III.		
	ns listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	t on the net earnings of:		
-	nization?		Х
	ed organization?		Х
If "Yes" o	n line 6a or 6b, describe in Part III.		
	ns listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
	ibed on lines 5 and 6? If "Yes," describe in Part III		Х
	amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
	tract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		Х
			-
9 If "Yes" o	n line 8, did the organization also follow the rebuttable presumption procedure described in		

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

Schedule J (Form 990) 2016

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

CORNELL COLLEGE

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation		
(A) Name and Title	compensation incentive reporta		(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) LANGSETH, KAY	171,591.	0.	1,021.	13,255.	11,531.	197,398.	0.		
TREASURER/VP OF BUSINESS AFFAIRS (ii		0.	0.	0.	0.	0.	0.		
(2) BRAND, JONATHAN (i)	290,626.	0.	1,031.	22,500.	123,908.	438,065.	0.		
PRESIDENT (ii	0.	0.	0.	0.	0.	0.	0.		
(3) GERARD, PAM (i)	173,797.	0.	2,392.	13,309.	10,045.	199,543.	0.		
VP FOR ADVANCEMENT (ii	0.	0.	0.	0.	0.	0.	0.		
(4) DIEKER, RONALD (i)	155,027.	0.	568.	12,015.	15,556.	183,166.	0.		
VP FOR ACADEMIC AFFAIRS (ii	0.	0.	0.	0.	0.	0.	0.		
(5) MURPHY, COLLEEN (i)	152,324.	0.	558.	11,900.	12,734.	177,516.	0.		
VP FOR ENROLLMENT (ii	0.	0.	0.	0.	0.	0.	0.		
(6) GIVENS, ROBERT (i)	84,572.	0.	80,846.	6,645.	14,017.	186,080.	0.		
PROFESSOR (ii	0.	0.	0.	0.	0.	0.	0.		
(7) PLAUT, ANTHONY (i)	72,516.	0.	37,880.	5,785.	68,867.	185,048.	0.		
PROFESSOR (ii	0.	0.	0.	0.	0.	0.	0.		
(8) GRAY, PAUL (i)	104,960.	0.	54,179.	7,991.	7,319.	174,449.	0.		
PROFESSOR (ii	0.	0.	0.	0.	0.	0.	0.		
(9) WHALE, ELLEN (i)	73,744.	0.	79,715.	5,902.	10,933.	170,294.	0.		
PROFESSOR (ii	0.	0.	0.	0.	0.	0.	0.		
(10) DEVRIES, STEVE (i)	72,586.	0.	75,505.	5,674.	13,018.	166,783.	0.		
PROFESSOR (ii	0.	0.	0.	0.	0.	0.	0.		
(ii									
(ii									
(ii									
(i)									
(ii									
(i)									
(ii									
(i)									
(ii									

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
TRAVEL FOR COMPANIONS - CORNELL'S PRESIDENT AND A FEW KEY EMPLOYEES IN THE
ALUMNI AND ADVANCEMENT OFFICE WILL OCCASIONALLY TRAVEL WITH THEIR SPOUSES
TO VARIOUS CORNELL FUNCTIONS, BECAUSE THEY ARE OFTEN TIMES ALUMNI AND ALSO
ADVOCATES OF THE COLLEGE.
RESIDENCE FOR PERSONAL USE - PRESIDENT BRAND IS REQUIRED TO LIVE AND
ENTERTAIN IN THE PRESIDENT'S HOME WHICH IS OWNED BY THE COLLEGE.

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

OMB No. 1545-0047 2016 Open to Public Inspection

Name of the organization

Bond Issues

Employer identification number CORNELL COLLEGE 42-0680335 (a) Defeased (b) On hehalf (i) D

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ssue price (f) Descri		Description	Description of purpose		(g) Defeased (h)On behalf of issuer				oled
									Yes	No	_	No	Yes	_ <u> </u>
IOWA HIGHER EDUCATION									1.00	1	1.00	<u> </u>		
A LOAN AUTHORITY	42-1235696	NONE	07/23/13	22,9	990,000.	SEE	PART	VI		Х		X		X
В												Ь—		
С												\vdash		
D														
Part II Proceeds						l				l	l			
Turn Trooper			A			В		С				D		
1 Amount of bonds retired	Amount of bonds retired			5,405.										
2 Amount of bonds legally defeased														
3 Total proceeds of issue				0,405.										
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds														
• D 1 1 6 11														
7 Issuance costs from proceeds			26	269,268.										
8 Credit enhancement from proceeds														
9 Working capital expenditures from proce	eds													
10 Capital expenditures from proceeds				1,455.										
11 Other spent proceeds				6,944.										
12 Other unspent proceeds				292,738.										
13 Year of substantial completion			2	014										
			Yes	No	Yes		No	Yes	No		Yes		No	
14 Were the bonds issued as part of a curre	ent refunding issue?		X											
15 Were the bonds issued as part of an adv	•			X								\perp		
16 Has the final allocation of proceeds beer	n made?											\perp		
17 Does the organization maintain adequate books and re	ecords to support the final allocation	n of proceeds?	X											
Part III Private Business Use														
			A			В		Ç		Þ		D	<u>)</u>	
1 Was the organization a partner in a partr			Yes	No	Yes		No	Yes	No		Yes	\perp	No	
which owned property financed by tax-ea				X								\perp		
2 Are there any lease arrangements that m	nay result in private busine	ss use of												
hand-financed property?			1	X		- 1								

Schedule K (Form 990) 2016 CORNELL COLLEGE			42-	0680335				Page 2
Part III Private Business Use (Continued)								
		A		В		Ç	[)
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
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 proper	rty? X							
c Are there any research agreements that may result in private business use of bond-financed prope	erty?	X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outsic	de							
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	. ▶	%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of	f							
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government	. ▶	%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
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 sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	X							
Part IV Arbitrage								
		A		В		Ç	Γ)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	Х							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified								
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?								

Page 2

Schedule K (Form 990) 2016 CORNELL COLLEGE 42 – 0680335 Page 3

Part IV Arbitrage (Continued)								
		Ą	E	3))
	Yes	No	Yes	No	Yes	No	Yes	No
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?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action					_			
		4	В)	E)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See insti	ructions					
SCHEDULE K, PART I, COLUMN (F)								
(I) REFUNDING THE IOWA HIGHER EDUCATION LOAN AUT	HORITY	PRIVAT	E COLLI	EGE				
FACILITY REVENUE BONDS (CORNELL COLLEGE PROJECT)	, SERII	ES 2006	5					
ORIGINALLY ISSUED ON OCTOBER 24, 2006; (II) REFU	NDING 7	THE IOW	A HIGHI	ΞR				
EDUCATION LOAN AUTHORITY PRIVATE COLLEGE FACILIT	Y REVE	NUE AND	REFUNI	DING				
BONDS (CORNELL COLLEGE PROJECT), SERIES 2008 ORIGINAL COLLEGE PROJECT)	GINALLY	Y ISSUE	D ON JU	JNE				
20, 2008; AND (III) THE CONSTRUCTION AND EQUIPPING	NG OF A	AN ADDI	TION TO)				
THOMAS COMMONS, RENOVATION OF OLIN HALL, TECHNOL	OGY UPO	GRADES,	ADDIT	IONS				
TO BOWMAN-CARTER HALL AND PAULEY-ROREM HALLS AND	ADDIT	ION OF	FOOTBAI	L				
TURF.								
SCHEDULE K, PART II, LINE 3								
INCLUDES INVESTMENT EARNINGS								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CORNELL COLLEGE **Employer identification number** 42-0680335

Pa	rt I Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of	Noncash contribu			d of determin		
		applicable	contributions or items contributed	amounts reported Form 990, Part VIII,		noncash co	ontribution a	ımount	S
1	Art - Works of art				s . <u>g</u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	36	1,116,	603.	AVERAGE	SHARE	PRI	CE
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other • ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz		•					•	
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29			. 0	
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		•	•					
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.							1,,	
31	Does the organization have a gift acceptance p					itions?	31	X	<u> </u>
32a	Does the organization hire or use third parties of		_	· ·					v
_	contributions?						32a		X
	If "Yes," describe in Part II.				\ . · ·				
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y for which column (a	a) is che	cked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Part II	Suppl is repor this par	emental ting in Part t for any ad	Infori I, colur Iditiona	mation nn (b), th I informa	• Provide to number tion.	the info of cont	rmation requiributions, th	uired by Part I, e number of ite	lines 30b, 32b, and 33, ems received, or a comb	and whether the ination of both. A	organization Iso complete
SCHEDU	LE M	, PART	ı,	COLU	JMN (E	3):					
COLUMN	(B)	REPOR	TS !	THE N	UMBEF	OF	TIMES	DONORS	CONTRIBUTED		
STOCK/	SECU	RITIES	OF	ONE	OR MC	RE '	TYPES				
	10									Cohendal F	(Form 990) (2016)
632142 08-23-	OI									ochedule M	tr of th 990) (20 16)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

CORNELL COLLEGE

Employer identification number 42-0680335

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

COLLABORATE WITH STUDENTS TO DEVELOP THE INTELLECTUAL CURIOSITY,

CREATIVITY AND MORAL COURAGE NECESSARY FOR A LIFETIME OF LEARNING AND

ENGAGED CITIZENSHIP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FULFILLMENT.

FORM 990, PART VI, SECTION A, LINE 2:

PETER S. BRYANT, TRUSTEE, AND JANENE PANFIL, TRUSTEE, HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN

REVIEWED IN DETAIL BY THE AUDIT COMMITTEE OF THE BOARD. THE FORM 990 IS

FINALIZED AND POSTED TO THE CORNELL COLLEGE SECURED BOARD WEBSITE AND MADE

AVAILABLE FOR REVIEW BY EACH MEMBER PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, A CONFLICT 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

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

632211 08-25-16

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

Name of the organization CORNELL COLLEGE

Employer identification number 42-0680335

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

IS CONDUCTED ANNUALLY, THIS PROCESS WAS DONE IN AUGUST OF 2016 AND 2017.

FORM 990, PART VI, SECTION B, LINE 15B:

STAFF 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 COMPENSATION IS REVIEWED BY THE PRESIDENT, THE BOARD, AND

THE HUMAN RESOURCES DIRECTOR, THIS PROCESS WAS DONE IN AUGUST OF 2016 AND

FACULTY SALARIES ARE DETERMINED BY THE FACULTY SALARY SUBCOMMITTEE IN

CONSULTATION WITH THE DEAN OF THE COLLEGE AND PRESIDENT AND ARE BASED ON

SALARY SURVEY DATA FROM THE AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

(AAUP).

Name of the organization CORNELL COLLEGE	Employer identification number 42-0680335
A POOL FOR ANNUAL SALARY INCREASES IS INCLUDED AS PART OF	THE PROPOSED
BUDGET THAT IS APPROVED ANNUALLY BY THE BOARD OF TRUSTEES	. FROM THE
BUDGETED POOL A STANDARD INCREASE AMOUNT IS DETERMINED AN	D INDIVIDUAL
SALARIES FOR STAFF ARE BASED UPON THE RECOMMENDATION OF T	HE VICE PRESIDENT
FOR THE RESPECTIVE DIVISIONS IN CONSULTATION WITH HUMAN R	ESOURCES.
INDIVIDUAL FACULTY SALARY INCREASES ARE BASED UPON THE RE	COMMENDATION FROM
THE SALARY SUBCOMMITTEE WITH FINAL APPROVAL BY THE DEAN C	F THE COLLEGE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF IN	TEREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	' .
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL ADJUSTMENT	-98,563.
CHANGE IN VALUE OF PERPETUAL TRUST	-320.
TOTAL TO FORM 990, PART XI, LINE 9	-98,883.

SCHEDULE R (Form 990)

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.

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

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

CORNELL COLLEGE

Employer identification number 42-0680335

(a)	(b)	(c)	(d)	(d) (e)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)			assets			9	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 I	because it had one	or more re	elated tax-exer	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct	(f) controlling entity	Section 5 contr ent		
		1							
				501(c)(3))			Yes	No	
				501(c)(3))			Yes	No	
				501(c)(3))			Yes	No	
				501(c)(3))			Yes	No	

Page 2

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. Part III

	organization desired at a partition of partition of the state of the s										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		tions?	20 of Schedule	partner	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
											
	-										
	-										

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	(i Sec 512(t contr enti	o)(13) olled ity?
		country)						Yes	No
	1	1	CORNELL						
CHARITABLE REMAINDER UNITRUSTS (7)	INVESTMENTS	IA	COLLEGE	TRUST				Х	
CHARITABLE REMAINDER ANNUITY TRUSTS (29)	INVESTMENTS	l	CORNELL COLLEGE	TRUST				х	
CHARITABLE REMAINDER ANNUITI TRUSTS (25)	THAFSIMENIS	IA	COLLEGE	IROSI				Λ	
	_								
632162 09-06-16	_	57	_	_		Sche	dule R (Forr	n 990)	2016

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	ity			1a	<u> </u>				
b Gift, grant, or capital contribution to related organization(s)				1b	X				
c Gift, grant, or capital contribution from related organization(s)					X				
d Loans or loan guarantees to or for related organization(s)				1d	X				
e Loans or loan guarantees by related organization(s)					X				
f Dividends from related organization(s)				1f	X				
g 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 Lease of facilities, equipment, or other assets from related organization(s)				1k	X				
I Performance of services or membership or fundraising solicitations for related org	ganization(s)			11	X				
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m	X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)					X				
s Other transfer of cash or property from related organization(s)				1s	X				
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	this line, including covered rela	ationships and transaction thresholds.						
(a)	_ (b)	(c)	(d)						
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount	involved					
	1,750 (0.0)								
(4)									
(1)									
(2)									
<u>)</u>									
(3)									
<u> </u>									
(4)									
(5)									
(6)									
332163 09-06-16	58		Cohodul	e R (Form 9	001 0046				

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)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501 (c) orgs	all s sec.)(3) :.?	Share of total	Share of end-of-year	Disp tio alloca	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or Faging ner?	Percenta ownersh
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	No	
												Ш	
	7												
				\Box								\Box	
	7												
	7												
	Ⅎ		l					1	1		1	ıl	

Form	990-T	E	Exempt Or	ganization Bus			Tax Returi	า	OMB No. 1545-0687
			_	(and proxy tax und				_	0040
		For ca		r tax year beginning JUL 1,				<u>- </u>	2016
	tment of the Treasury		-	out Form 990-T and its instru			•		Open to Public Inspection for
_	Al Revenue Service	•	T	umbers on this form as it may		<u> </u>	nization is a 501(c)(3)		od 1(c)(3) Organizations Only over identification number
A L	Check box if address changed		Name of organization	on (Check box if name c	nanged	and see instructions.)		Emple	oyees' trust, see
R F	kempt under section	Print	CORNELL (COLLEGE					2-0680335
	501(c)(3)	or		d room or suite no. If a P.O. box	c see in	estructions		E Unrela	ited business activity codes
	408(e) 220(e)	Туре		F STREET SW	ν, σοσ π	ioti dottorio:		(See in	estructions.)
	408A 530(a)			or province, country, and ZIP o	r foreig	n postal code			
]529(a)			RNON, IA 5231				523	000
C Boo	ok value of all assets	F Grou	up exemption numbe	r (See instructions.)	>				
<u>19</u>	0,027,293.	G Che	ck organization type	Y (See instructions.) X 501(c) corporation	<u> </u>	501(c) trust	401(a) trust		Other trust
	scribe the organization		-			STATEMENT			[]
				in an affiliated group or a parei	nt-subs	diary controlled group	?▶ [Ye	s X No
				parent corporation.		T.		210) 895-4245
	e books are in care of Tt Unrelated					(A) Income	ohone number (B) Expense		(C) Net
	Gross receipts or sale		ue or busines:	S Income		(A) IIICUIIC	(b) Expense	•	(0) NCL
	Less returns and allow			c Balance ▶	1c				
2			Δ line 7)	C Dalatice	2				
3	Gross profit. Subtract				3				
	•				4a				
				n Form 4797)	4b				
					4c				
5	Income (loss) from pa	artnersh	ips and S corporatio	ns (attach statement)	5	12,548	STMT 2	2	12,548.
6					6				
7					7				
8				olled organizations (Sch. F)	8				
9				(17) organization (Schedule G)	-				
10					10				
	Advertising income (S	Schedule	9 J)	сшушьмымш 3	11	38,107			38,107.
12	•			STATEMENT 3	12 13	50,655			50,655.
				where (See instructions for					30,033.
				must be directly connected					
14	Compensation of off	icers, di	rectors, and trustees	(Schedule K)				14	
15								15	6,858.
16								16	
17	Bad debts							17	
18								18	
19	Taxes and licenses							19	
20				itation rules)			15 622	20	
21	Depreciation (attach	Form 4	562)			21	15,622.		15,622.
22 23				ewhere on return				22b 23	13,022.
23 24								24	
25								25	
26	Excess exempt expe	nses (S	chedule I)					26	
27								27	
28	Other deductions (at	tach sch	nedule)			SEE STA	TEMENT 4	28	19,794.
29	Total deductions.Ad	dd lines	14 through 28					29	42,274.
30	Unrelated business t	axable i	ncome before net op	erating loss deduction. Subtrac	t line 2	9 from line 13		30	8,381.
31	Net operating loss de	eductior	ı (limited to the amou	unt on line 30)		SEE STA	TEMENT 5	31	8,381.
32				c deduction. Subtract line 31 fr				32	0.
33				e 33 instructions for exceptions				33	1,000.
34				e 33 from line 32. If line 33 is ç		•		34	0.
	OL							1 07	.

Part I	II Tax Computation		12 00	00333		
35	Organizations Taxable as Corporations. See instructions for tax computation.	-				
	Controlled group members (sections 1561 and 1563) check here ▶ See instructions an	id:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order					
	(1) \$ (2) \$	•				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34			35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	4 from:			
	Tax rate schedule or Schedule D (Form 1041)			36		
37	Proxy tax. See instructions		•			
38	Alternative minimum tax					
39	Tax on Non-Compliant Facility Income. See instructions			39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		0.
Part I	V Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
b	The state of the s	41b				
C	General business credit. Attach Form 3800					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 41a through 41d			41e		
42	Subtract line 41e from line 40			42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43			44		0.
45 a	Payments: A 2015 overpayment credited to 2016					
	2016 estimated tax payments					
C	Tax deposited with Form 8868	45c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f				
	Other credits and payments: Form 2439					
_	Form 4136 Other Total ▶	45g				
46	Total payments. Add lines 45a through 45g			46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed					0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49		0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		Refunded >	50		
Part \	Statements Regarding Certain Activities and Other Information	on (see	instructions)			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature		•		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may hav	e to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign c	ountry			
	here					X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
Ciam.	Under perfaities of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer).	statements	, and to the best of my kr	nowledge and be	elief, it is true,	
Sign			VP OF [May the IRS dis	cuss this return	with
Here	1 Xuy denastra 3-20-18 BUSINES	SS		the preparer sho		
	Signatur of officer Date Title			instructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Date	te	Check	if PTIN		
Paid		1,21	self- employe			
Prepa	orer CONNIE M. LIRA	14/20	181		481097	
Use C	Only Firm's name ► CLIFTONLARSONALLEN LLD		Firm's EIN	▶ 41-	074674	9
	600 3AD AVE. SE, STE. 300					
	Firm's address ► CEDAR RAPIDS, IA 52401		Phone no.	319-36	3-2697	<u>'</u>

Form **990-T** (2016)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation ▶ N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases				7 Cost of goods sold. Subtract line 6					
3 Cost of labor			1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	cauired	l for resale) apply to			
5 Total. Add lines 1 through 4b			1		•				
Schedule C - Rent Income (Property and	Pe						
(see instructions)				, ,		•	•	•	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2 ()=			_
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) and	connec d 2(b) (a	ted with the income ittach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2						(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	instru	ctions)					
			, ا	Gross income from		Deductions directly conn to debt-finance			
1. Description of debt-fina	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation	Ť	(b) Other deduction	ns
To be supplied to a debt line	anood property			ilitaticed property		(attach schedule)		(attach schedule)	
							-		
(1)			<u> </u>				+		
(2)			<u> </u>				+		
(3)			<u> </u>				+		
(4)			 				+	_	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
-					Е	nter here and on page 1,	Е	nter here and on pag	ge 1,
					F	Part I, line 7, column (A).		Part I, line 7, column	(B).
Totals				>]		0.			0.
Total dividends-received deductions inc	luded in column	ı 8		•		<u> </u>			0.

Form **990-T** (2016)

			Exempt (Controlled O	rganizat	ions				
1. Name of controlled organi		Employer entification number		related income e instructions) 4. Tota paym		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	nizations									
7. Taxable Income	8. Net unrelated i (see instruc		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	t is included nization's		ductions directly connected n income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colur Enter here and line 8,		1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals								0.		0.
Schedule G - Investm	nent Income of structions)	a Section	n 501(c)((7), (9), or	(17) Oı	rganizatior	1			
	escription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-a	asides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co	on page 1, olumn (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals			>		0.					0.
Schedule I - Exploite	d Exempt Active tructions)	vity Incor	ne, Othe	r Than Ad	lvertis	ing Income	9			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p	expenses / connected production inrelated ess income	4. Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3). If a e cols. 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Tatala	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on e 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertis										<u> </u>
	n Periodicals R			solidated	l Basis	;				
1. Name of periodical	2. Gro advertis incom	ing	3. Direct livertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu hrough 7.			6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2)										
(3)										
(4)										
Totals (carry to Part II, line (5))		0.	n							0.
	F	3 -		- 1				<u> </u>		Form 990-T (2016

623731 01-18-17

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2016)

FORM 990-T DESC	CRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
NON-UNITARY LIMITE ROOM RENTAL	ED PARTNERSHIP INCOME		
TO FORM 990-T, PAGE	E 1		
FORM 990-T I	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
LP EIN: 33-1015252 LP EIN: 71-1012623 LP EIN: 26-1902666 LP EIN: 20-1195774 LP EIN: 20-8255115		65 -66 7,02 3,66 1,85	28. 33.
TOTAL TO FORM 990-T	T, PAGE 1, LINE 5	12,54	18.
FORM 990-T	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
BRACKET HOUSE - ROC ATHLETIC FACILITIES		35,25 2,85	
TOTAL TO FORM 990-T	7, PAGE 1, LINE 12	38,10	7.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
DESCRIPTION		AMOUNT	
ACCOUNTING FEES EMPLOYEE BENEFITS UTILITIES COPIES AND PRINTING SUPPLIES - OFFICE HOSPITALITY LINENS SUPPLIES - OTHER FOOD AND BEVERAGE		78	39. 1. 31. 32. 26.

CORNELL COLLEGE	42-0680335
CONTRACT SERVICES EQUIPMENT REPAIR/SERVICE MISCELLANEOUS EXP. SOFTWARE MARKETING AND PROMOTION MAINTENANCE	2,952. 938. 958. 406. 104. 1,637.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	19,794.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/08 06/30/09 06/30/10 06/30/11 06/30/12	514,643. 41,690. 39,700. 29,637. 9,828.	76,156. 0. 0. 0.	438,487. 41,690. 39,700. 29,637. 9,828.	438,487. 41,690. 39,700. 29,637. 9,828.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	559,342.	559,342.