** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning JUL 1. 2020 and ending JUN 30, 2021 C Name of organization Check if applicable: D Employer identification number Address change CORNELL COLLEGE Name change 42-0680335 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 600 FIRST STREET SW (319)895-4383 177,285,619. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MOUNT VERNON, IA 52314 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAN LAYZELL for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.CORNELLCOLLEGE.EDU **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > . Year of formation: 1854 M State of legal domicile: IA Part I Summary Briefly describe the organization's mission or most significant activities: TO CREATE A SPACE WHERE STUDENTS Governance CAN DEVELOP INTELLECTUAL CURIOSITY. CREATIVITY AND MORAL COURAGE if the organization discontinued its operations or disposed of more than 25% of its net assets. 37 Number of voting members of the governing body (Part VI, line 1a) 37 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 859 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 150 6 65,353. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year** 20,619,159, 19,669,760. Contributions and grants (Part VIII, line 1h) 8 Revenue 52,020,550. 53,303,116. Program service revenue (Part VIII, line 2g) 3,043,342 13,313,763. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 406,377 1,456,995. 11 76,089,428 87,743,634. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 27,046,371 28,437,940. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,734,752. 20,638,846. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 6,173. 6 175. **b** Total fundraising expenses (Part IX, column (D), line 25) 20,227,748. 19,418,895. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,015,044. 68,501,856. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,074,384. 19,241,778. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** 5 **End of Year** 232,351,142. 214,513,669 Total assets (Part X, line 16) 47,421,127 39,891,140. 21 Total liabilities (Part X, line 26) 三年 167,092,542. 192,460,002. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAN LAYZELL, VICE PRESIDENT, CFO, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SARAH HINTZ SARAH HINTZ 05/07/22 P00492291 Paid self-employed CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's name Firm's EIN ▶ Firm's address 600 3RD AVE. SE, STE. 300 Use Only

No

X Yes

Phone no. (303) 779-5710

CEDAR RAPIDS, IA 52401

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2020) CORNELL COLLEGE 42-0680335 Page **2**

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: CORNELL COLLEGE OFFERS AN INNOVATIVE AND RIGOROUS LEARNING COMMUNITY	
	WHERE FACULTY AND STAFF COLLABORATE WITH STUDENTS TO DEVELOP THE	
	INTELLECTUAL CURIOSITY, CREATIVITY AND MORAL COURAGE NECESSARY FOR A LIFETIME OF LEARNING AND ENGAGED CITIZENSHIP.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes LX_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of th	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 45,163,689. including grants of \$ 28,437,940.) (Revenue \$	45,214,783.
	INSTRUCTION, ACADEMIC SUPPORT, CONTINUING EDUCATION IN THE LIBRARY:	
	CORNELL COLLEGE, A SELECTIVE LIBERAL ARTS COLLEGE IN MOUNT VERNON,	
	IOWA, IS RECOGNIZED AS ONE OF THE "COLLEGES THAT CHANGE LIVES." THE	
	ACADEMIC IMMERSION OF ITS ONE COURSE AT A TIME CURRICULUM ALLOWS	
	STUDENTS TO FOCUS ON A SINGLE ACADEMIC SUBJECT PER 18-DAY BLOCK. SINCE	
	PROFESSORS ONLY TEACH ONE BLOCK AT A TIME, STUDENTS HAVE MORE ACCESS TO	
	PROFESSORS, AND PROFESSORS CAN TEACH STUDENTS OFF-CAMPUS IN WHATEVER	
	VENUE BEST FITS THE MATERIAL. WITH A STUDENT BODY FROM 45 STATES AND 20	
	FOREIGN COUNTRIES, AND RENOWNED VISITING SPEAKERS, FACULTY, AND	
	ENTERTAINERS, CORNELL OFFERS THE WORLD FROM ITS HILLTOP CAMPUS.	
4b	(Code:) (Expenses \$ 8 , 688 , 102 _ including grants of \$ 0 _) (Revenue \$	12,494.)
	STUDENT AID AND FINANCIAL ASSISTANCE:	
	STUDENTS INVEST IN THEIR EDUCATION AT CORNELL COLLEGE, AND CORNELL	
	INVESTS IN THEIR FUTURES. CORNELL COLLEGE GRADUATES ARE GETTING JOBS	
	AND NOT BURDENED BY DEBT. AS SHOWN BY OUR LOW AVERAGE LOAN DEFAULT	
	RATE. COMPARED TO GRADUATES OF OTHER FOUR-YEAR INSTITUTIONS.	
	CORNELLIANS ARE TWICE AS LIKELY TO HAVE THE MEANS TO PAY OFF STUDENT	
	LOANS. APPROXIMATELY 93% OF CORNELL GRADUATES COMPLETE THEIR DEGREES IN	
	FOUR YEARS OR LESS, AND 55% OF CORNELL GRADUATES COMPLETE AN ADVANCED	
	DEGREE. CORNELL'S LAW SCHOOL ACCEPTANCE RATE IS 91% COMPARED TO THE	
	NATIONAL AVERAGE OF 85%. CORNELL'S MEDICAL SCHOOL ACCEPTANCE RATE IS	
	82% COMPARED TO THE NATIONAL AVERAGE OF 39%. CORNELL HAS SINCE 1996	
	BEEN KNOWN AS ONE OF THE "COLLEGES THAT CHANGE LIVES," BASED ON THE	
_		0 075 020 \
4c	(Code:) (Expenses \$ 7,107,767. including grants of \$ 0.) (Revenue \$ AUXILIARY ENTERPRISES (HOUSING, DINING, STUDENT UNION AND SERVICE	0,075,059.
	CENTER):	
	FOUNDED IN 1853, CORNELL'S PICTURESQUE HILLTOP CAMPUS CONTAINS A MIX OF	
	HISTORIC AND MODERN FACILITIES, RANGING FROM THE MAJESTIC KING CHAPEL	
	TO THE NEWLY RENOVATED THOMAS COMMONS. IT IS LOCATED IN MOUNT VERNON,	
	IOWA-AN URBAN FRINGE COMMUNITY RECOGNIZED BY FROMMER'S AS ONE OF	
	"AMERICA'S COOLEST SMALL TOWNS" AND LOCATED IN THE HEART OF IOWA'S	
	CREATIVE CORRIDOR. CORNELL'S HILLTOP CAFE WAS NAMED THE SECOND BEST	
	DINING HALL IN THE NATION BY BESTCOLLEGES.COM IN 2015.	
4d	Other program services (Describe on Schedule O.)	·
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 60,959,558.	
		_ 000 ()

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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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts 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 donor-restricted endowments			
	or in 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	Х	
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		v	
	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	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	Λ	
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional list the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a		14a		
b		. a		
-	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	Х	
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
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

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Part IV	Checklist of Red	uired Schedules	(continued)
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	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	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	
24 a	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	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·		24c		х
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	, , ,	250		
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			
		25h		х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		Х
00	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			77
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Х Form **990** (2020)

(gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 8.39 b If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If this curry of lines it and 2a is greater than 250, you may be required to 6-rife (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Vives: That it filed a form 990°T for this year? If Vo's To line 30, provide an explanation on Schedule 0 3d At any time during the calendary ear, did the organization have an interest in, or a significant or other stuttority over, a financial account in a foreign country lead. At any time during the calendary ear, did the organization have an interest in, or a significant or other stuttority over, a financial accountry file organization for feorign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e Was the organization party to a prohibited tax shelter transaction? 5e Was the organization party to a prohibited tax shelter transaction? 5e Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and calentable contributions? 5e United the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7e Organizations that may receive deductible contributions under section 170(c). 8e If Year, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and exhaltable contributions? 7e Organizations that may receive deductible contributions under section 170(c). 8e If Year, if and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and exhaltable contributions or g					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bit the organization have unified business gross is some of \$1,000 or more during the year? 31 bit Press, "has it filed a Form 9901 for this year? If No! to lime 3b, provide an explanation on Schedule O 32 bit Press, "has it filed a Form 9901 for this year? If No! to lime 3b, provide an explanation on Schedule O 35 bit Press, "in a titled a Form 9901 for this year? If No! to lime 3b, provide an explanation on Schedule O 36 bit Press, "in a titled a Form 9901 for this year? If No! to lime 3b, provide an explanation on Schedule O 37 bit Press, "in a titled a Form 9901 for this year? If No! to lime 3b, provide an explanation on Schedule O 38 bit Press, "in a file of the organization flar for the state in a variation and in the state in a variation and any time during the tax year? 59 bit any taxable party notify the organization that it was or in a party to a prohibited tax shelter transaction and any time during the tax year? 50 bit any taxable party notify the organization that it was or in a party to a prohibited tax shelter transaction or some state of the organization has organization shelt any contributions. 50 c Variation of the organization has organization file form 886617 51 bit Press, "indicate the number of forms 8862 for sadrable contributions or gifts were not tax deductible? 52 c Variation of the organization shelt was contributions. 53 bit Press, "indicate the number of Forms 8882 filed during the year Variation of the organization shelt was received during the year Variation of the organization shelt was required to file Forms 8882 are quired? 53 bit the organization received a contribution of qualified intellectual property, did the organization file Form 1990 for your pressure or special property, and the organization file Form 1990 for your pressure or your pressur	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a_file (see instructions) 30 If the organization have unrelated business gross income of \$1,000 or more during the year? 40 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account? 41 A a tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 42 A x x interest the name of the foreign country \$\frac{1}{2}\$ b a bank account, securities account, or other financial account? 43 A x x interest the name of the foreign country \$\frac{1}{2}\$ b a bank account, securities account, or other financial accounts (FBAR). 43 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 44 B b If "Yes," in the Sa or 5b, did the organization file Form 8886.17 45 B D Ida my such be party nority the organization file Form 8886.17 46 D Ida my such those that it was or its a party to a prohibited tax shelter transaction? 47 B If "Yes," indicate the running organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 48 B If "Yes," indicate the number of Forms 8282 filed during the year 49 D If the veganization several expansite in excess of 57 finale party is a contribution and party for goods and services provided to the payor? 40 If "Yes," indicate the number of Forms 8282 filed during the year 41 D Ida the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1998 or a required to life Form 8282? 42 If If "Yes," indicate the number of Forms 8282 filed during the year 43 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1998 or a file of the proparization have excess		filed for the calendar year ending with or within the year covered by this return	2a 859			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 99.0°T for this year? If "No" to fire 3b, provide an explanation on Schedule O 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). 5 b if "Yes," chart the harms of the foreign country (such as a bank account, securities account, or other financial account). 5 a was the organization a party to a prohibite dat was helter transaction at any time during the tax year? 5 a Was the organization of the organization that it was or is a party to a prohibitod tax shelter transaction? 5 b Did any taxable party notify the organization that it was or is a party to a prohibitod tax shelter transaction? 5 c "Yes" to line 5 are 5b, did the organization that it was or is a party to a prohibitod tax shelter transaction? 5 c "A Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a "X "Yes", indicate the number of the organization that organization that organization to include with every solicitation an exposes statement that such contributions or grits were not tax deductible? 7 b Granizations that may receive deductible contributions under section 170(c). 8 b if "Yes", indicate the number of Forms 8282? Bid during the year organization service and notify the donor of the value of the goods or services provided? 7 b if "Yes", indicate the number of Forms 8282? Bid during the year 8 b Old the organization secleve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 c If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 bid the organization neceive any funds, direc	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
b if "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, id off the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account? 4b if "Yes," enter the name of the foreign country (such as a bark account, securities account, or other financial accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5c ID See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c ID See the organization aparty to a prohibited it was or is a party to a prohibited tax shelter transaction? 5c ID See The organization shell engage and the organization file form 88881? 6a Does the organization shell engage in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170c). 8 If "Yes," old the organization noticula explanation and party for goods and services provided? 7 organizations that may receive deductible organization sunder section 170c). 8 ID		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				13		
	16		income?	16		х

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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 on Schedule O. See instructions.

	ontains a response or note to any l	ine in this Part VI				X
Section A. Governing Dody	and Management					
					Yes	No
1a Enter the number of voting n	embers of the governing body at t	he end of the tax year	1a 37			
If there are material differences i	voting rights among members of the	governing body, or if the governing				
body delegated broad authority t	o an executive committee or similar coi	mmittee, explain on Schedule O.				
b Enter the number of voting n	embers included on line 1a, above	e, who are independent	1b 37			
2 Did any officer, director, trus	ee, or key employee have a family	relationship or a business relationship	with any other			
officer, director, trustee, or k	ey employee?			2		Х
3 Did the organization delegate	control over management duties	customarily performed by or under the	direct supervision			
of officers, directors, trustees	, or key employees to a manageme	ent company or other person?		3		Х
4 Did the organization make a	y significant changes to its govern	ing documents since the prior Form 99	90 was filed?	4		Х
5 Did the organization become	aware during the year of a signification	ant diversion of the organization's asse	ets?	5		Х
6 Did the organization have me		-		6		Х
7a Did the organization have me		sons who had the power to elect or ap				
				7a		х
		or subject to approval by) members, sto				
persons other than the gove	ation at the author			7b		х
-		r written actions undertaken during the yea				
	-			8a	х	
b Each committee with author	y to act on behalf of the governing	g body?		8b	Х	
		Part VII, Section A, who cannot be read				
		d addresses on Schedule O		9		х
Section B. Policies (This Sec	tion B requests information about r	policies not required by the Internal Rev	venue Code)			
, , , , , , , , , , , , , , , , , , ,		one of the state o			Yes	No
10a Did the organization have loo	al chapters, branches, or affiliates	?		10a		Х
		res governing the activities of such cha				
and branches to ensure their	operations are consistent with the	organization's exempt purposes?		10b		
11a Has the organization provide	d a complete copy of this Form 99	0 to all members of its governing body		11a	Х	
b Describe in Schedule O the	rocess, if any, used by the organiz	zation to review this Form 990.				
12a Did the organization have a	ritten conflict of interest policy?	f "No," go to line 13		12a	х	
		close annually interests that could give rise		12b	Х	
		orce compliance with the policy? If "Y				
		, , , , , , , , , , , , , , , , , , , ,	•	12c	Х	
13 Did the organization have a	ritten whistleblower policy?			13	Х	
		struction policy?		14	Х	
		persons include a review and approval				
		tion of the deliberation and decision?	, ,			
		t official		15a	х	
				15b	Х	
	scribe the process in Schedule O					
•	•	te in a joint venture or similar arrangem	nent with a			
taxable entity during the yea				16a		х
, , ,		e requiring the organization to evaluate				
		and take steps to safeguard the organi	•			
				16b		
Section C. Disclosure	•					
17 List the states with which a	opy of this Form 990 is required to	be filed NONE				
	• •	(1024 or 1024-A, if applicable), 990, an	nd 990-T (Section 501(c)(3)	s onlv)	availa	ble
18 Section 6104 requires an ord	how you made these available. C		()()	,,		
	,	··				
for public inspection. Indicat	Another's website X Lir	oon request Other (explain	on Schedule (1)			
for public inspection. Indicat X Own website	•		on Schedule O)	d financ	cial	
for public inspection. Indicat X Own website 19 Describe on Schedule O who	ther (and if so, how) the organization	oon request Other (explain on made its governing documents, co		d financ	cial	
for public inspection. Indicat X Own website Describe on Schedule O who statements available to the p	ther (and if so, how) the organization. The control is the tax year.	on made its governing documents, co	nflict of interest policy, and	d financ	cial	
for public inspection. Indicat X Own website Describe on Schedule O who statements available to the p	ther (and if so, how) the organization blic during the tax year. I telephone number of the person	, , , , , , , , , , , , , , , , , , ,	nflict of interest policy, and	d financ	cial	

Form 990 (2020) 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 current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	suedu		(W-2/1099-MISC)		organization and related
	organizations below	ualtr	tional		yoldı	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JONATHAN BRAND	40.00	_	_		_	1 0				
PRESIDENT		Х		х				328,956.	0.	73,677.
(2) KAY LANGSETH	40.00									
TREASURER/VP OF BUSINESS AFFAIRS				х				193,395.	0.	21,536.
(3) RONALD JOSEPH DIEKER	40.00									
VP FOR ACADEMIC AFFAIRS & DEAN						х		143,868.	0.	24,969.
(4) JOHN HARP	40.00									
SPECIAL ASSISTANT TO THE PRESIDENT						Х		128,093.	0.	19,568.
(5) JEFF GIBSON	40.00									
DIRECTOR OF IT						Х		131,598.	0.	15,796.
(6) KRISTI COLUMBUS	40.00									
ASSOCIATE VP FOR ALUMNI & COLLEGE AD						Х		124,651.	0.	14,936.
(7) ANTHONY DELAUBENFELS	40.00									
PROFESSOR OF COMPUTER SCIENCE & MATH						Х		117,856.	0.	21,239.
(8) JENSEN, JEFFREY	4.00									
CHAIR		Х		Х				0.	0.	0.
(9) CORN, ADRIENNE	1.00									
CHAIR, GOVERNANCE COMMITTEE		Х						0.	0.	0.
(10) KRIVO, GEORGE	1.00									
CHAIR, FINANCIAL AFFAIRS COMMITTEE		Х						0.	0.	0.
(11) PANFIL, JANENE	1.00									
CHAIR, ACADEMIC AFFAIRS COMMITTEE		Х						0.	0.	0.
(12) DURHAM, THOMAS	3.00									
CHAIR, AUDIT & ASSESSMENT COMMITTEE		Х						0.	0.	0.
(13) URHEIM, MAXINE	3.00									
CHAIR, ENROLLMENT COMMITTEE		Х						0.	0.	0.
(14) MORRIS, PETER	3.00									
CHAIR, INVESTMENT COMMITTEE		Х						0.	0.	0.
(15) BRYANT, PETER	4.00									
CHAIR, STUDENT EXPERIENCE COMMITTEE		Х						0.	0.	0.
(16) RUSSELL, JEAN	3.00									
AT LARGE, EXECUTIVE COMMITTEE		Х						0.	0.	0.
(17) WEISS, KEVIN	3.00									
AT LARGE, EXECUTIVE COMMITTEE		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

Form 990 (2020) CORNELL COLLEGE 42-0680335 Page 8

Form 990 (2020) CORNELL CO	LLEGE								42-068033	5 Page C
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		Ler an	lu a u	recto	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181150)	organization
	organizations	Individual trustee or director	Institutional trustee		ee/	m pen		(** 27 1033 141100)		and related
	below	idual	ution	<u>~</u>	Key employee	st co oyee	-e-			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(18) SMITH, JOHN	3.00									
AT LARGE, EXECUTIVE COMMITTEE		Х						0.	0.	0.
(19) BRYANT, JULIE	1.00									
TRUSTEE		Х						0.	0.	0.
(20) CORNELISON, ALBERT	1.00									
TRUSTEE		Х						0.	0.	0.
(21) CZAPLA, MARISSA	1.00									
TRUSTEE		Х						0.	0.	0.
(22) FROEHLICH, STEPHANIE	1.00									
TRUSTEE		Х						0.	0.	0.
(23) GUNN, STUART	1.00									
TRUSTEE		Х						0.	0.	0.
(24) HIRATZKA, LOREN	1.00									
TRUSTEE		Х						0.	0.	0.
(25) JOHNSON, MAUREEN	1.00									
TRUSTEE		Х						0.	0.	0.
(26) KABOLI, EMMA	1.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal							▶	1,168,417.	0.	191,721.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .			1,168,417.	0.	191,721.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BON APPETIT, 100 HAMILTON AVENUE, SUITE		
400, PALO ALTO, CA 55422	CAMPUS FOOD SERVICE	3,363,183.
M.A. MORTENSON COMPANY, 700 MEADOW LANE	GENERAL CONTRACTOR ATHLETICS	
NORTH, MINNEAPOLIS, MN 94301	BUILDING	2,596,417.
SOUTHEAST SERVICE CORPORATION		
PO BOX 91337, CHICAGO, IL 60693	CAMPUS CLEANING SERVICE	1,030,104.
EAB GLOBAL, INC		
2445 M ST NW, WASHINGTON, DC 20037	ENROLLMENT RESOURCES	576,190.
BROWN'S TREE CARE, LLC		
2900 NW BUTTON RD, TOPEKA, KS 66618	STORM TREE REMOVAL	536,800.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	
\$100,000 of compensation from the organization	15	
	•	000

SEE PART VII, SECTION A CONTINUATION SHEETS

CORNELL COLLEGE 42-0680335 Form 990

Form 990 CORNELL C	OLLEGE								42-06803	335
Part VII Section A. Officers, Directors	s, Trustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title Average Position								Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dualt	ution	70	Key employee	stco	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(27) KAO, FRANCES	1.00									
TRUSTEE		х						0.	0.	0.
(28) KHAN, SULTAN AHMED	1.00									
TRUSTEE		х						0.	0.	0.
(29) KOEHN, LINDA	1.00									
TRUSTEE		х						0.	0.	0.
(30) MCGRANE, JOHN	1.00									
TRUSTEE		х						0.	0.	0.
(31) MCLENNAN, ROBERT	1.00									
TRUSTEE		Х						0.	0.	0.
(32) MEIS, JESSICA	1.00									
TRUSTEE		Х						0.	0.	0.
(33) MURRAY, ANN	1.00									
TRUSTEE		Х						0.	0.	0.
(34) NEWBOLD, HUSANI	1.00									
TRUSTEE		Х						0.	0.	0.
(35) REED, HARPER	1.00									
TRUSTEE		Х						0.	0.	0.
(36) RINGER, JERRY N.	1.00									
TRUSTEE		Х						0.	0.	0.
(37) RIRIE, SCOTT	1.00									
TRUSTEE		Х						0.	0.	0.
(38) SIMMER, SCOTT	1.00	ļ								
TRUSTEE		Х						0.	0.	0.
(39) SUDOL, ERIC	1.00									
TRUSTEE		Х						0.	0.	0.
(40) STOLL, SHERYL ATKINSON	1.00									
TRUSTEE		Х						0.	0.	0.
(41) TURNER, JOHN	1.00									
TRUSTEE	2.00	Х						0.	0.	0.
(42) THOMAS, JAN	3.00									
TRUSTEE	3.00	Х						0.	0.	0.
(43) BOYER, GILDA	3.00								0	
TRUSTEE (44) MACK, WARREN	4.00	Х	\vdash					0.	0.	0.
TRUSTEE	4.00	х						0.	0.	_
TRODIES		^	\vdash		\vdash	\vdash	-	1	· ·	0.
		ł								
			\vdash							
		<u> </u>					<u> </u>			
Total to Part VII, Section A, line 1c										
Total to Fait VII, Occion A, IIIIc To								1		I

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Form 990 (2020) CORNELL CORNEL CORNE

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c					
fts, r A		Related organizations 1d					
ig je		e Government grants (contributions)	4,919,525.				
Sin		All other contributions, gifts, grants, and					
ig ig		similar amounts not included above	14,750,235.				
흕		Noncash contributions included in lines 1a-1f 1g \$	427,705.				
o d				19,669,760.			
Oa		Total. Add lines 1a-1f	Business Code	13,003,700.			
_		TUITION AND FEES	611710	45,214,783.	45,214,783.		
<u>i</u>	2 a	D.T.T.T.G	611710	4,255,022.			
er ue	b	RESIDENCE	611710	3,726,186.	3,726,186.		
n S	C	EDUCATIONAL TRIPS	611710	94,631.	94,631.		
Program Service Revenue	C	STUDENT ACTIVITIES	611710	12,494.	12,494.		
Š	6		011710	12,494.	12,494.		
_		All other program service revenue		F2 202 11 <i>6</i>			
		Total. Add lines 2a-2f		53,303,116.			
	3	Investment income (including dividends, intere		520 672		13,767.	E1 E 006
		other similar amounts)		529,673.		13,767.	515,906.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties(i) Real	(ii) Darganal				
	_	105 001	(ii) Personal				
		Gross rents 6a 125,931.					
		Less: rental expenses 6b 85,248.					
		Rental income or (loss) 6c 40,683.		40 603			40.603
		Net rental income or (loss)	(;;) Oth a::	40,683.			40,683.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a101,587,217.	653,610.				
	k	Less: cost or other basis					
nue		and sales expenses 7b 89,456,737.	0.				
ther Revenue		Gain or (loss) 7c 12,130,480.	653,610.	10 504 000			10 504 000
Ř		Net gain or (loss)		12,784,090.			12,784,090.
t l	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
\rightarrow		Net income or (loss) from sales of inventory	D				
2		N. I. OWNED DEVENUE	Business Code	1 040 085			1 040 075
eor re		ALL OTHER REVENUE	900099	1,049,076.			1,049,076.
Miscellaneous Revenue		INSURANCE RECOVERIES	900099	271,892.		F4 F05	271,892.
See		BRACKET HOUSE	721310	54,024.		51,586.	2,438.
Ξ		All other revenue	900099	41,320.			41,320.
		• Total. Add lines 11a-11d	·····	1,416,312.	F2 202 115	CF 252	14 505 105
	12	Total revenue. See instructions	🕨	87,743,634.	53,303,116.	65,353.	14,705,405.

032009 12-23-20

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Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	28,392,652.	28,392,652.		
3	Grants and other assistance to foreign	, ,	, ,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	45,288.	45,288.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	471,214.		471,214.	
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	16,258,170.	12,909,886.	2,263,042.	1,085,242
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	488,830.	429,718.	14,758.	44,354 198,364
9	Other employee benefits	2,207,674.	1,921,839.	87,471.	
0	Payroll taxes	1,212,958.	1,040,497.	65,065.	107,396
1	Fees for services (nonemployees):				
а	Management	95,457.	47,897.	47,560.	
b	Legal	71,616.	17,248.	54,368.	
С	Accounting	56,485.		56,485.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	6,175.			6,175
f	Investment management fees	135,304.		135,304.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	265,727.	151,633.	112,815.	1,279
2	Advertising and promotion	1,104,387.	787,048.	45,657.	271,682
3	Office expenses	1,874,055.	1,557,224.	101,933.	214,898
4	Information technology	637,700.	214,238.	338,292.	85,170
5	Royalties	477 061	455 540		01 E11
6	Occupancy	477,061.	455,548.	72 /21	21,513
7	Travel	312,988.	238,518.	73,431.	1,033
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials	44,318.	37,270.	6,308.	740
9	Conferences, conventions, and meetings	1,209,355.	775,380.	433,975.	740
20	Interest	1,205,555.	773,300.	133,373.	
!1 !2	Payments to affiliates	5,602,856.	5,395,310.	136,561.	70,985
3	Inquirongo	568,578.	5,525,525.	568,578.	, , , , , ,
.s :4	Other expenses, Itemize expenses not covered	,		,	
· ·	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DINING	3,130,715.	3,130,293.	422.	
b	UTILITIES	1,341,871.	1,294,715.	30,097.	17,059
С	CUSTODIAL SERVICES	1,030,104.	983,653.		46,451
d	STUDENT AID EXPENSE	659,458.	659,458.		
е	All other expenses	800,860.	474,245.	302,767.	23,848
5	Total functional expenses. Add lines 1 through 24e	68,501,856.	60,959,558.	5,346,103.	2,196,195
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet CORNELL COLLEGE Page **11**

га	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	/ line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			10,742,490.	2	14,453,545
	3	Pledges and grants receivable, net			24,928,007.	3	22,230,69
	4	Accounts receivable, net			626,448.	4	1,241,21
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			66,331.	8	70,31
As	9	5			1,048,619.	9	917,86
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	178,243,303.			
	b	Less: accumulated depreciation	. 10b	78,975,484.	99,956,448.	10c	99,267,81
	11	Investments - publicly traded securities			60,793,462.	11	77,409,95
	12	Investments - other securities. See Part IV, lin			5,343,326.	12	1,717,84
	13	Investments - program-related. See Part IV, lir			1,372,811.	13	1,271,050
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,635,727.	15	13,770,83
	16	Total assets. Add lines 1 through 15 (must e			214,513,669.	16	232,351,14
	17	Accounts payable and accrued expenses	2,914,079.	17	3,199,13		
	18	Grants payable				18	
	19	Deferred revenue			694,525.	19	237,05
	20				38,283,352.	20	31,459,86
	21	Escrow or custodial account liability. Complet				21	
w	22	Loans and other payables to any current or fo					
Ĕ		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unr		·····		23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	•		5,529,171.	25	4,995,08
	26	Total liabilities. Add lines 17 through 25			47,421,127.	26	39,891,140
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.		, — I			
auc	27	Net assets without donor restrictions			66,478,330.	27	72,063,328
gaig	28	Net assets with donor restrictions			100,614,212.	28	120,396,674
<u> </u>		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.	,	, — I			
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			167,092,542.	32	192,460,002
2	33	Total liabilities and net assets/fund balances			214,513,669.	33	232,351,142

Form 990 (2020) CORNELL COLLEGE 42-0680335 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,	743,	634.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,	501,	856.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,	241,	778.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,	092,	542.
5	Net unrealized gains (losses) on investments	5	6,	287,	920.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	162,	238.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	192,	460,	002.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l
	separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** CORNELL COLLEGE 42-0680335 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,265,901.	13,239,529.	10,213,786.	20,619,159.	19,669,760.	78,008,135.
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	14,265,901.	13,239,529.	10,213,786.	20,619,159.	19,669,760.	78,008,135.
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)						16,010,968.
6	Public support. Subtract line 5 from line 4.						61,997,167.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	14,265,901.	13,239,529.	10,213,786.	20,619,159.	19,669,760.	78,008,135.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	712,165.	823,488.	786,958.	909,882.	641,837.	3,874,330.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	35,007.	41,531.	44,644.	344,138.	1,364,726.	1,830,046.
11	Total support. Add lines 7 through 10					_	83,712,511.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	252,659,725.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li					14	74.06 %
15	Public support percentage from 2019					15	71.93 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	_

Schedule A (Form 990 or 990-EZ) 2020

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	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	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
ı	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
ļ	8		
	9a		
	9b		
	9с		
	10a		
	10b		

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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		100	110
•	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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1-		
a	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.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		N ₂
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
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	st complete	Sections 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	<u>d)</u>				
Secti	on D - Distributions				Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
с	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i_	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: ATHLETICS 2016 AMOUNT: \$ 19,659. 2017 AMOUNT: \$ 30,528. 2018 AMOUNT: \$ 15,518. 2019 AMOUNT: \$ 21,855. 2020 AMOUNT: \$ 41,320. BRACKET HOUSE 2016 AMOUNT: \$ 10,391. 2017 AMOUNT: \$ 11,003. 2018 AMOUNT: \$ 11,782. 2019 AMOUNT: \$ 7,493. 2020 AMOUNT: \$ 2,438. HLTP FITNESS CENTER 2016 AMOUNT: \$ 4,957. MISCELLANEOUS INCOME 2018 AMOUNT: \$ 17,344. 2019 AMOUNT: \$ 314,790. 2020 AMOUNT: \$ 1,320,968.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	DRNELL COLLEGE	42-0680335					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	rule. See instructions.					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am Z, line 1. Complete Parts I and II.	a, or 16b, and that received from					
contributor, durin	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributior is checked, enter purpose. Don't co	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 \frac{1}{2} \]						
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.

Name of organization

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		- _ \$3,578,785.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		- \$ 2,521,250. -	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	* 1,511,614.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions 514,819.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	INAITIE, AUGI ESS, ATTU ZIP + 4	\$ 482,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CORNELL COLLEGE 42-0680335

Partii	(see instructions). Use duplicate copies of Part I	i it 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 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
		_	

Name of o	organization				Employer identification number
CORNELL	COLLEGE				42-0680335
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following I charitable, etc., contributions of \$1,0	ine entry. For or	ganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of aift		
	Transferee's name, address, a			elationship of tran	nsferor to transferee
				•	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
I	İ				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number CORNELL COLLEGE 42 - 0680335

Pai	t I Org	ganizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	nts. Complete if the
	orga	nization answered "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total numb	er at end of year			
2		value of contributions to (during year)			
3	Aggregate	value of grants from (during year)			
4	Aggregate	value at end of year			
5	Did the orga	anization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds	
	are the orga	anization's property, subject to the organization's e	exclusive legal control?		
6	Did the orga	anization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be u	ised only	
	for charitab	le purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring	
Pai	t II Co	nservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7	7
1	Purpose(s)	of conservation easements held by the organizatio	n (check all that apply).		
	Prese	ervation of land for public use (for example, recreat	ion or education) Preservation of	a historicall	y important land area
	Prote	ection of natural habitat	Preservation of	a certified h	istoric structure
	Prese	ervation of open space			
2	Complete li	nes 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conserv	ation easement on the last
	day of the t	•			Held at the End of the Tax Year
а	Total numb	er of conservation easements		<u>2a</u>	
b	Total acrea	ge restricted by conservation easements		2b	
		conservation easements on a certified historic stru	. ,		
d		conservation easements included in (c) acquired at		I .	
		National Register			
3	Number of	conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatior	n during the tax
	year ►				
4		states where property subject to conservation ease			
5		ganization have a written policy regarding the peri-			
	•	and enforcement of the conservation easements it			
6	Staff and vo	olunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation eas	ements during the year
_					
7		expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservati	on easeme	nts during the year
_	\$			\(4\(\mathbb{D}\(')\	
8		conservation easement reported on line 2(d) above			
_					
9		describe how the organization reports conservatio	•		
		eet, and include, if applicable, the text of the footnotes	ote to the organization's illiancial statemen	nis mai ues	cribes trie
Pai		n's accounting for conservation easements. ganizations Maintaining Collections of	Art. Historical Treasures. or Oth	ner Simila	ar Assets.
		plete if the organization answered "Yes" on Form			
1a		ization elected, as permitted under FASB ASC 958		nd halance s	sheet works
	•	rical treasures, or other similar assets held for publi	•		
	,	ovide in Part XIII the text of the footnote to its finance	, ,		pablic
b		ization elected, as permitted under FASB ASC 958			et works of
_	_	al treasures, or other similar assets held for public			
	•	following amounts relating to these items:	,,		,
	•	ie included on Form 990, Part VIII, line 1		•	\$
				_	
2		ization received or held works of art, historical trea			·
	•	g amounts required to be reported under FASB AS	•		
а		cluded on Form 990, Part VIII, line 1	· ·	>	\$
					\$
LHA	For Paperv	vork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

CORNELL COLLEGE 42-0680335 Page 2 Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (a) Current year (c) Two years back (d) Three years back (e) Four years back 81,135,185 76,288,112. 77,722,340. 74,501,908 70,926,134. **1a** Beginning of year balance 2,179,805. 7,802,585. 2,497,088. 3,280,372. 1,821,824. Contributions 18,299,813. 613,715. 2,543,341. 4,200,684, 7,292,881. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 7,763,085. 3,339,502. 5,953,194, 4,066,823 5,480,369. and programs 48,099. 229,725. 521,463. 193,801. Administrative expenses 58,562. 93,803,619. 81,135,185. 76,288,112. 77,722,340, 74,501,908. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 4.2740 a Board designated or quasi-endowment Permanent endowment 8.6940 % Term endowment 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 Yes Nο Х 3a(i) (i) Unrelated organizations Х (ii) Related organizations 3a(ii) **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. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

99,267,819.

Schedule D (Form 990) 2020

(d) Book value

9,864,509.

83,958,131.

1,819,585.

3,625,594.

e Other

(a) Cost or other

basis (investment)

100,000

3,168,540.

Description of property

Leasehold improvements

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

d Equipment

(b) Cost or other

basis (other)

9,764,509

143,920,826.

17,663,834.

3,625,594.

(c) Accumulated

depreciation

63,131,235.

15,844,249

Schedule D (Form 990) 2020 CORNELL COLLEGE			42-0680335	Page 3
Part VII Investments - Other Securities.		441 O E 000 B 1 V II 40		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	t value
(A) Et al. (A)	(b) Book value	(c) Method of Valdation. Gost of	cha or year market	- value
(1) Financial derivatives				
(2) Closely held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
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	t 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			5,	755,370.
(2) UNITRUSTS			1,	627,693.
(3) CONTRACTS AND MISC				10,341.
(4) CSV LIFE INSURANCE			3,	684,533.
(5) RIGHT-OF-USE LEASE			2,	692,901.
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		13,	770,838.
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				138,960.
(3) ANNUITIES PAYABLE			1,	342,550.
(4) LIFE-INCOME PAYABLE				728,794.
(5) CONTRACT ADVANCES			- 	442,952.
(C) ACCEM DEMIDEMENT ORITGATION			1	3/1 831

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

Schedule D (Form 990) 2020

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

4,995,087.

Sche	dule D (Form 990) 2020 CORNELL COLLEGE			42-06803	35 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	65,381,320.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		6,287,920.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	85,248.		
е	Add lines 2a through 2d			2e	6,373,168.
3	Subtract line 2e from line 1			3	59,008,152.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	***	135,304.		
b	Other (Describe in Part XIII.)	4b	28,600,178.		00 705 400
С	Add lines 4a and 4b			4c	28,735,482.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 Coturn	87,743,634.
Pal	rt XII Reconciliation of Expenses per Audited Financial Staten		Expenses per r	return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		I . I	40.013.060
1	Total expenses and losses per audited financial statements			1	40,013,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	1 1			
b	Prior year adjustments	_			
C	Other losses		85,248.		
d	Other (Describe in Part XIII.)	<u> </u>	•	0.	85,248.
e	Add lines 2a through 2d			2e	39,928,612.
3	Subtract line 2e from line 1			3	35,320,012.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا	135,304.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	***	28,437,940.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			40	28,573,244.
_				4c 5	68,501,856.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			3	00,301,030.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lines 1h :	and 2h: Part V line 4	· Part X line 2	Port XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	•	•	, r art 7, iii 0 2	-, r art Ai,
	Za ana 15, ana rait/m, miso za ana 15.7 nos complete tine part to provide any ac		iation.		
PART	'V, LINE 4:				
	·				
THE	COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS	ENDOWMENT			
FUNI	O. ONE OF THE OBJECTIVES OF THIS FUND IS TO PROVIDE A PREDICT	ABLE			
FUNI	ING STREAM FOR ITS PROGRAMS WHILE MAXIMIZING RETURNS ON THE				
INVE	STMENTS. THE COLLEGE HAS ADOPTED POLICIES TO COMPLY WITH FAS	117-1 AND			
UPMI	FA AS ADOPTED BY THE 2008 IOWA LEGISLATURE.				
PART	YX, LINE 2:				
THE	COLLEGE IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UN	DER			
SECT	TION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE COLLEGE MAY	BE SUBJECT			
TO F	EDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELAT	ED			
BUSI	NESS ACTIVITIES. THE COLLEGE FILES A FORM 990 (RETURN OF ORG	ANIZATION			
032054	4 12-01-20			Schedule D	(Form 990) 2020

09500507 131839 034-000255

Schedule D (Form 990) 2020 CORNELL COLLEGE	42-0680335	Page 5
Schedule D (Form 990) 2020 CORNELL COLLEGE 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, 2021 AND 2020, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED		
AND RECORDED AS A LIABILITY.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 85,24		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
ACTUARIAL ADJUSTMENT 291,07		
SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 28,437,94	0.	
CHANGE IN VALUE OF PERPETUAL TRUST -128,84		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 28,600,17		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES 85,24	8.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
SCHOLARSHIPS AND GRANTS NETTED WITH TUITION 28,437,94	0.	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

CORNELL COLLEGE 42-0680335

			YES	NO
1	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	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE PART II			
4	Does the organization maintain the following?			
а		4a	Х	
b		4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		X
	Educational policies?	<u>5e</u>		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
зa	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990 or 990-EZ) 2020

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

CORNELL COLLEGE 42-0680335 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA & CARIBBEAN 0 0 PROGRAM SERVICES STUDY ABROAD PROGRAM 11,298. 2,750. EUROPE 0 0 PROGRAM SERVICES STUDY ABROAD PROGRAM 0 0 14,048. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 14.048.

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

Schedule F (Form 990) 2020

and 3b)

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)
			ecognized as charities by the f					I
			or counsel has provided a sect					
3 Enter total number of other organizations or entities								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance EDUCATION - INTERNATIONAL CENTRAL AMERICA AND THE CARIBBEAN SCHOLARSHIP 1 45,288. ACH 0.N/A N/A

Schedule F (Form 990) 2020 CORNELL COLLEGE 42-0680335 Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? 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; don't file with Form 990)

Schedule F (Form 990) 2020

Yes X No

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2020 Open to Public

Inspection

Schedule I (Form 990) 2020

Name of the organization **Employer identification number** 42-0680335 CORNELL COLLEGE Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

032101 11-02-20

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

Schedule I (Form 990) 2020 CORNELL COLLEGE 42-0680335 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DUCATION - TUITION REMISSION	47	1,797,924.	0.	N/A	N/A
EDUCATION - SEOG GRANTS	244	226,610.	0.	N/A	N/A
IDVIGUETON GENERAL GRANEG	640	2 106 125		7/3	
DUCATION - GENERAL GRANTS	649	3,106,125.	0.	N/A	N/A
NDOWED AND OTHER SCHOLARSHIPS	957	23,261,993.	0.	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)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Questions Regarding Compensation

			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section 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					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) JONATHAN BRAND	(i)	320,472.	0.	8,484.	16,762.	56,915.	402,633.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KAY LANGSETH	(i)	191,170.	0.	2,225.	10,504.	11,032.	214,931.	0.	
TREASURER/VP OF BUSINESS AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RONALD JOSEPH DIEKER	(i)	142,910.	0.	958.	8,029.	16,940.	168,837.	0.	
VP FOR ACADEMIC AFFAIRS & DEAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
_	(ii)								
	(i)								
_	(ii)								
	(i)								
_	(ii)								
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	(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:
NON-TAXABLE TRAVEL FOR COMPANIONS - CORNELL'S PRESIDENT WILL OCCASIONALLY
TRAVEL WITH HIS SPOUSE TO VARIOUS CORNELL FUNCTIONS, AS AN ADVOCATE OF THE
COLLEGE.
NON-TAXABLE RESIDENCE FOR PERSONAL USE - PRESIDENT BRAND IS REQUIRED TO
LIVE AND ENTERTAIN IN THE PRESIDENT'S HOME WHICH IS OWNED BY THE COLLEGE.

Page 3

Schedule J (Form 990) 2020

SCHEDULE K (Form 990)

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. Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

CORNELL COLLEGE

Employer identification number 42-0680335

Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	(g) De	feased	(h) On of is:		(i) Po	
								Yes	No	Yes	No	Yes	No
A IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	NONE	07/23/13	22,9	22,990,000. SEE PART VI				х		х		Х
B IOWA HIGHER EDUCATION LOAN AUTHORITY	42-1235696	NONE	04/28/17	12,3	34,948.	SEE PART VI			х		х		X
<u>c</u>													
D													
Part II Proceeds	·		•		L.						-		
				١		В	С				D		
1 Amount of bonds retired				,845,405.		5,470,572.							
2 Amount of bonds legally defeased													
3 Total proceeds of issue			22	2,990,405.		12,334,948.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds						49,526.							
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				269,268.	268. 113,017.								
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				3,731,455.		9,521,931.							
11 Other spent proceeds			13	3,696,944.									
12 Other unspent proceeds				292,738.									
13 Year of substantial completion				2014		2018							
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding i													
if issued prior to 2018, a current refunding issu	ıe)?		х			Х							
15 Were the bonds issued as part of a refunding i	ssue of taxable bond	ds (or, if											
issued prior to 2018, an advance refunding iss	ue)?			Х		Х							
16 Has the final allocation of proceeds been made	e?		х			Х							
17 Does the organization maintain adequate book final allocation of proceeds?			х		Х								
I HA For Panerwork Reduction Act Notice see th			•						School	dula K	/Eorm	990)	2020

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Schedule K (Form 990) 2020

 Schedule K (Form 990) 2020
 CORNELL COLLEGE
 42-0680335
 Page 2

Par	t III Private Business Use								
			4		В		Ç	Γ)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х			Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х							
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.00 %	5	.00 %		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,							ĺ	
	another section 501(c)(3) organization, or a state or local government		.00 %	5	.00 %		%		%
6	Total of lines 4 and 5		.00 %	5	.00 %		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х				
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?		Х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		9/	5	%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?				1				
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?	Х		X					
Par	t IV Arbitrage			1					
		,	4		<u>B</u>		<u> </u>	_	<u> </u>
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		Х				
	If "No" to line 1, did the following apply?		T	<u> </u>	T				T
	Rebate not due yet?		X	X					
<u> </u>	Exception to rebate?		Х		Х				
<u> </u>	No rebate due?	Х			Х		L		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was			1					
	performed		T	1	T =-		1		T
3	Is the bond issue a variable rate issue?		X		Х				

Schedule K (Form 990) 2020 CORNELL COLLEGE 42-0680335 Page **3**

Part IV Arbitrage (continued)					_			
		A	l	В	(Ç		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	x		Х					
Part V Procedures To Undertake Corrective Action								
		A		В		С	Γ	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		Х					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instr	uctions.					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: IOWA HIGHER EDUCATION LOAN AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09/24/2015								
SCHEDULE K, PART I, COLUMN (F)								
(I) REFUNDING THE IOWA HIGHER EDUCATION LOAN AUTHORITY PRIVATE COLLEGE								
FACILITY REVENUE BONDS (CORNELL COLLEGE PROJECT), SERIES 2006								
ORIGINALLY ISSUED ON OCTOBER 24, 2006; (II) REFUNDING THE IOWA HIGHER								
EDUCATION LOAN AUTHORITY PRIVATE COLLEGE FACILITY REVENUE AND REFUNDING								
BONDS (CORNELL COLLEGE PROJECT), SERIES 2008 ORIGINALLY ISSUED ON JUNE								
20, 2008; AND (III) THE CONSTRUCTION AND EQUIPPING OF AN ADDITION TO								
THOMAS COMMONS, RENOVATION OF OLIN HALL, TECHNOLOGY UPGRADES, ADDITIONS								
TO BOWMAN-CARTER HALL AND PAULEY-ROREM HALLS AND ADDITION OF FOOTBALL								
TURF.								
SCHEDULE K, PART II, LINE 3								
INCLUDES INVESTMENT EARNINGS								
							-	-

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Fai		Types	of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contribu	etermin	_	3
1	Art -	Works of a	art			,				
2			treasures							
			interests							
4			olications							
5			ousehold goods							
6			vehicles							
7			es							
8			perty							
9			olicly traded	Х	32	408 57	0. AVERAGE SHARE PR	ICE		
10			sely held stock							
11			tnership, LLC, or							
• •										
12			scellaneous							
13			ervation contribution -							
13		ric structu								
14			ervation contribution - Other							
15			esidential							
16			ommercial							
17			ther							
18										
19										
20			dical supplies							
21										
22			cts							
23			imens	Х	1	19.13	5. APPRAISAL			
24			artifacts							
25		er 🕨 ()							
26		er 🕨 ()							
27		er 🕨 ()							
28		er 🕨 (/							
<u> </u>			ms 8283 received by the organiz	ration during	the tax vear for co	ontributions				
			rganization completed Form 828	-	•				0	
				,	3				Yes	No
30a	Durir	na the vea	r, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1 thro	ough 28, that it			
		•	It least three years from the date			,	•			
			ses for the entire holding period?					30a		Х
b			be the arrangement in Part II.							
31		,	nization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contri	outions?	31	х	
	Does	the organ	nization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell nonca				
	conti	ributions?	·		-			32a		х
b	If "Ye	es," descri	be in Part II.							
33	If the	organizat	ion didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is c	necked,			
	desc	ribe in Par	t II.							

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

CORNELL COLLEGE

Employer identification number 42-0680335

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LOREN POPE BOOK NOW IN ITS FOURTH EDITION. ITS DISTINCTIVE CURRICULUM
WITHIN THE LIBERAL ARTS PROVIDES A SOLID PATH TO PROFESSIONAL
ACHIEVEMENT AND PERSONAL FULFILLMENT.
FORM 990, PART VI, SECTION A, LINE 1:
THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, IMMEDIATE PAST CHAIR,
CHAIR-ELECT, CHAIRS OF THE POLICY COMMITTEES, CHAIR OF THE GOVERNANCE
COMMITTEE, PRESIDENT OF THE COLLEGE (NON-VOTING), AND UP TO THREE (3) AT-LARGE TRUSTEES
APPOINTED AT THE ANNUAL MEETING, ALL SUBJECT TO APPROVAL BY THE BOARD.
BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE GENERAL
SUPERVISION OF THE ADMINISTRATION AND PROPERTY OF THE COLLEGE EXCEPT THAT
IT MAY NOT TAKE ANY ACTION INCONSISTENT WITH THE LAWS OF THE STATE OF IOWA
AND, UNLESS, SPECIFICALLY EMPOWERED BY THE BOARD TO DO SO, IT MAY NOT TAKE
ANY ACTION INCONSISTENT WITH A PRIOR ACT OF THE BOARD, AWARD DEGREES, ALTER
BYLAWS, LOCATE PERMANENT BUILDINGS ON TAX-EXEMPT PROPERTY HELD FOR COLLEGE
PURPOSES, REMOVE OR APPOINT THE PRESIDENT OF THE COLLEGE, OR TAKE ANY
ACTION WHICH HAS BEEN RESERVED BY THE BOARD.
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.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CORNELL COLLEGE	Employer identification number 42-0680335
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	
POTENTIAL ETHICAL, LEGAL, FINANCIAL OR OTHER CONFLICTS OF INTEREST	
INVOLVING THE COLLEGE THAT MAY INVOLVE THE POTENTIAL OR ACTUAL CONFLICT OF	
INTEREST. THE MINUTES OF BOARD OR COMMITTEE MEETING SHALL REFLECT THAT A	
DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT OF INTEREST	
ABSTAINED FROM VOTING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT'S SALARY IS SET BY THE BOARD, WHO TAKE INTO CONSIDERATION	
SALARY SURVEY DATA FROM THE ASSOCIATED COLLEGES OF THE MIDWEST. THE REVIEW	
PROCESS IS DOCUMENTED IN THE BOARD MINUTES, AND IS CONDUCTED ANNUALLY. THIS	
PROCESS WAS DONE IN 2021.	
FORM 990, PART VI, SECTION B, LINE 15B:	
OTHER OFFICERS AND KEY EMPLOYEES' SALARIES, INCLUDING VICE PRESIDENTS, ARE	
BASED ON SALARY RANGES DETERMINED THROUGH THE COMPENSATION PLAN,	
ADMINISTERED THROUGH THE HUMAN RESOURCES OFFICE. MEDIAN SALARIES FROM	
SPECIFICALLY SELECTED INSTITUTIONS WITHIN THE COLLEGE AND UNIVERSITY	
PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) SURVEY ARE THE	
MID-POINT OF COLLEGE'S SALARY RANGES. THE SALARY RANGES ARE AGED ANNUALLY.	
THE PROCESS OF ADJUSTING THE RANGES TO THE MARKET IS COMPLETED EVERY THREE	

Name of the organization CORNELL COLLEGE	Employer identification number 42-0680335
YEARS; HOWEVER THE REVIEW OF VICE PRESIDENT COMPENSATION IS CONDUCTED	
ANNUALLY. IN ADDITION TO THE ABOVE, THE VICE PRESIDENT'S COMPENSATION IS	
SET BY THE PRESIDENT, AFTER CONSULTATION WITH THE COMPENSATION COMMITTEE,	
ACTING AS A SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE. THE REVIEW IS	
CONDUCTED ANNUALLY, THIS PROCESS WAS DONE IN 2021	
FORM 990, PART VI, SECTION C, LINE 19:	
THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL ADJUSTMENT ON LIFE INCOME AND ANNUITY AGREEMENTS -291,078	
CHANGE IN VALUE OF PERPETUAL TRUST 128,840	
TOTAL TO FORM 990, PART XI, LINE 9 -162,238	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNT HAS	
NOT CHANGED FROM THE PRIOR YEAR.	

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.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	CORNELL COLLEGE						42-0680335		
Part I Identif	ication of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	з.					
Name,	(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) (d) (e) Legal domicile (state or foreign country) Total income End-of-year a				eets Direct controlling entity		
Part II Identif organiz	ication of Related Tax-Exempt Organizate cations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related 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	Direc	(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
					501(c)(3))			Yes	No
For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.	l	I	1	1	Schedule R	Form 99	00) 2020

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

		.,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10
]										
	1										
	1										
	1										
	1		1	1				•	1		

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

(a)	(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	ent	i) ction b)(13) rolled ity?
		country)		•				Yes	No
			CORNELL						
CHARITABLE REMAINDER UNITRUSTS (7)	INVESTMENTS	IA	COLLEGE	TRUST				Х	<u> </u>
			CORNELL						
CHARITABLE REMAINDER ANNUITY TRUSTS (24)	INVESTMENTS	IA	COLLEGE	TRUST				Х	<u> </u>

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

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?

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

b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1 g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
						v
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
Performance of services or membership or fundraising solicitations for related organ				11		X
m Performance of services or membership or fundraising solicitations by related organ				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
Sharing of paid employees with related organization(s)				10		_ A
p Reimbursement paid to related organization(s) for expenses				1p		х
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s	Х	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	tionships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved		
(1)						
(2)						
(3)						
(4)						
(E)						
(5)						
(6)						
332163 10-28-20	1	l l	Schedule	R (Forr	n 990)	2020

Schedule R (Form 990) 2020 CORNELL COLLEGE 42-0680335 Page **4**

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For ca	lendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021		2020
Depar Interna	tment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmple	oyer identification number
—— В Е:	xempt under section	Print	CORNELL COLLEGE		42-0680335
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 600 FIRST STREET SW		p exemption number nstructions)
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, IA 52314	F [Check box if
	_ , ,	С Во	ok value of all assets at end of year	1	an amended return.
G	Check organization			Applical	ble reinsurance entity
	Check if filing only to	· .	Claim credit from Form 8941 Claim a refund shown on Form 2439		<u> </u>
l (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
J	Enter the number of	attach	ed Schedules A (Form 990-T)		3
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.	> [Yes X No
Γ.	The books are in car	re of 	ALAN MORAN Telephone number	(319)	895-4383
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	13,267.
2	Dagamad			2	
3	Add lines 1 and 2			3	13,267.
4	Charitable contrib		see instructions for limitation rules)	4	0.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	13,267.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 1	6	13,267.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	
10	Total deductions.	. Add li		10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Pa	rt II Tax Com	putat	ion		
1	Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	<u> 1</u>	0.
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı:	Tax rate schedule or Schedule D (Form 1041)	▶ 2	
3	Proxy tax. See ins	structio	ns	▶ 3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax ((trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2020)

Form 990-T (2020) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 0. 2 Other taxes. Check if from: Form 4255 | Form 8611 | Form 8697 3 __ Other (attach statement) 3 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 0. 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 5 Payments: A 2019 overpayment credited to 2020 2020 estimated tax payments. Check if section 643(g) election applies _____ ▶ _ b 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Other credits, adjustments, and payments: Form 2439 ☐ Form 4136 _____ ☐ Other ____ Total ▶ ☐ Total payments. Add lines 6a through 6g 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2021 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X foreign trust? If "Yes," see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$\ \bigs \$ Х Did the organization change its method of accounting? (see instructions) If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign		ler penalties of perjury, I declare that I have examined ect, and complete. Declaration of preparer (other than		nation of which pre	parer has any knowledd		wledge	and belief	, it is t	rue,		
Here		0:		TREASUR	ĖSIDENT, CFO, ER		the pr	he IRS dis	wn be	elow (se		
		Signature of officer	Date	Title			instru	ctions)?	X	Yes	N	lo
		Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN				
Paid						self- employ	ed					
Prepare	r s	SARAH HINTZ	SARAH HINTZ		05/07/22			P004	9229	}1		
Use Only		Firm's name CLIFTONLARSONALLEN	I LLP			Firm's EIN	>	41-	074	6749		
	' [600 3RD AVE. SE	C, STE. 300									
		Firm's address 🕨 CEDAR RAPIDS, I	A 52401			Phone no.	(30	3) 779	-57	10		

Form 990-T (2020)

CORNELL COLLEGE 42-0680335

ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	DRWARD FROM PRIOR YEAR DN INCLUDED IN PART I, LINE 6	497,378. 13,267.
SCHEDULE A PORTION OF SCHEDULE A ENTITY	F PRE-2018 NOL SCHEDULE A SHARE	
2	0.	
3	0.	
4	0.	
TOTAL SCHEDULE A SHAI	RE OF PRE-2018 NOL	0.
NET OPERATING DEDUCT:	ION	13,267.
BALANCE AFTER PRE-20:	18 NOL DEDUCTION	0.
EXPIRING NET OPERATII	NG LOSSES	0.
CARRY FORWARD OF NET	OPERATING LOSS	484,111.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

				() ()		,
A	Name of the organization CORNELL COLLEGE	B Employer identific 42-0680335		n numbe	er .	
<u>с</u>	Unrelated business activity code (see instructions) > 713940	D Sequence:	1	of	3	

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a	0.		
b		4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
0	Exploited exempt activity income (Part VIII)	10			
1	Advertising income (Part IX)	11			
2	Other income (see instructions; attach statement)	12			
3	Total. Combine lines 3 through 12	13	0.		

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	0.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
	For Denominal Deduction Act Notice are instructions			Cabadu	I. A (Farm 000 T) 0000

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

						ENTITY	2
Schedu Part		(Form 990-T) 2020 Cost of Goods Sold Fr					Page 2
			nter method of inventory valua				
1							
2		chases					
3		t of labor					
4		itional section 263A costs (attach statemer					
5		er costs (attach statement)					
6		al. Add lines 1 through 5			1 _ 1		
7							
8		t of goods sold. Subtract line 7 from line 6				Yes	No
9 Part		he rules of section 263A (with respect to perfect the perfect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules of section 263A (with respect to perfect the rules).				[1es [NO
1		cription of property (property street address	-	_ -			
	Α		, , , , , , , , , , , , , , , , , , , ,	(,		
	вГ						
	сΓ						
	DΓ						
	_		А	В	С	D	
2	Ren	t received or accrued					
а	Fror	n personal property (if the percentage of					
		for personal property is more than 10%					
		not more than 50%)					
b		n real and personal property (if the					
_		centage of rent for personal property excee	ds				
	-	or if the rent is based on profit or income)					
С		al rents received or accrued by property.					
		lines 2a and 2b, columns A through D					
		, J		•		•	
3	Tota	al rents received or accrued. Add line 2c co	lumns A through D. Enter her	e and on Part I, line 6, c	olumn (A)		0.
		uctions directly connected with the income			, , ,		
4		nes 2(a) and 2(b) (attach statement)					
		, , , , , , , , , , , , , , , , , , , ,		•		_	
5	Tota	al deductions. Add line 4 columns A through		, line 6, column (B)	>		0.
Part	V	Unrelated Debt-Financed Incom	me (see instructions)				
1	Des	cription of debt-financed property (street ac	ddress, city, state, ZIP code).	Check if a dual-use (see	instructions)		
	A [
	в						
	c [
	D [_	
			A	В	С	D	
2	Gros	ss income from or allocable to debt-finance	ed				
	prop	perty					
3	Ded	uctions directly connected with or allocable	e				
	to d	ebt-financed property					
а	Stra	ight line depreciation (attach statement)					
b	Othe	er deductions (attach statement)					
С	Tota	al deductions (add lines 3a and 3b,					
	colu	mns A through D)					
4		ount of average acquisition debt on or alloc	l l				
	to d	ebt-financed property (attach statement)					
5		rage adjusted basis of or allocable to debt-					
		nced property (attach statement)					
6		de line 4 by line 5		6 %	9/	6	%
7		ss income reportable. Multiply line 2 by line	• • • • • • • • • • • • • • • • • • •		,		
8		al gross income (add line 7, columns A thr	•	art I, line 7, column (A)	•	•	0.
		.,	3 ,	, , , , , , , , , , , , , , , , , , , ,			
9	Allo	cable deductions. Multiply line 3c by line 6					
10		al allocable deductions. Add line 9, colum					0.
11	Tota	al dividends-received deductions include	ed in line 10)		0.

Page

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	ed Or	ganizations	(see instruct	tions)	Page 3
							<u> </u>	led Organization		
	Name of controller organization	d	2. Employer identification number	3. Net unrelated 4. Tota		al of specified nents made	5. Part of column that is included controlling orgation's gross inc	mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
<u>(4)</u>				<u> </u>						
	7 Tawahia laasaas			1	Controlled Or	•	1	-fl 0		Dadwatiana dinastiv
	7. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 luded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
<u>(4)</u>										
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals)		0.		0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states)	ected (attach s	-asides tatemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					Add amou	ınte in				Add amounts in
Totals				_	column 2. here and or line 9, colu	Enter n Part I,				column 5. Enter here and on Part I, line 9, column (B)
Parl		xemnt 4	Activity Income,	Other T	l Than Δdve		Income /	see instructions		0.
1	Description of exploite			,			,	303 II I311 U01101 IS	, 	
2	Gross unrelated busin	,		ness. Ente	r here and o	n Part I.	line 10. columi	n (A)	2	
3	Expenses directly con					,	,	()		
	line 10, column (B)		•						3	
4	Net income (loss) from									
									4	
5	Gross income from ac	tivity that i	s not unrelated busi	iness incor	me				5	
6	Expenses attributable	to income	entered on line 5						6	
7	Excess exempt expen			-						
	4. Enter here and on P	Part II, line	12						7	o A (Form 990-T) 2020

Cabad	.ulo A /Farm 000 T\ 2000				ENTITY	2
Part	ule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportin B	g two or more periodicals on a	consolidated basis.			
	D					
Enter a	amounts for each periodical listed above in the	corresponding column.		_	•	
		Α	В	С	D	
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		>		0.
а			T	1	1	
3	Direct advertising costs by periodical					0.
а	Add columns A through D. Enter here and on	Part I, line 11, column (b)		/		
4	Advertising gain (loss). Subtract line 3 from lin	ie.				
•	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	1				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les					
•	than line 6, enter zero					
8	Excess readership costs allowed as a deduction. For each column showing a gain o	ın.				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr		tal or zero here and o	n		
	Part II, line 13			_		0.
Part	X Compensation of Officers, Dir	ectors, and Trustees (S	ee instructions)			
				3. Percentage	4. Compensatio	n
	1. Name	2. Title		of time devoted	attributable to	
				to business	unrelated busine	SS
(1)				%		
(2)				%		
(3) (4)				% %		
(+)				70		
Total	. Enter here and on Part II, line 1			•		0.
Part	,	e instructions)		······································		
	,	,				
				<u> </u>		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

B Employer identification number Name of the organization CORNELL COLLEGE $42\!-\!0680335$ 523000 D Sequence: C Unrelated business activity code (see instructions) ▶ of

<u>E</u> [Describe the unrelated trade or business NON-UNITARY LIMITED PARTNERSHIP INCOME									
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net					
1 a	Gross receipts or sales									
b	Less returns and allowances c Balance ▶	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4 a	Capital gain net income (attach Sch D (Form 1041 or Form									
	1120)) (see instructions)	4a	0.							
b		4b	-115.		-115.					
С	Capital loss deduction for trusts	4c								
5	Income (loss) from a partnership or an S corporation (attach									
	statement) STATEMENT 2	5	13,882.		13,882.					
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled									
	organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17)									
	organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10								
11	Advertising income (Part IX)	11								
12	Other income (see instructions; attach statement)	12								
13	Total. Combine lines 3 through 12	13	13,767.		13,767.					

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SE			14	500.
15	Total deductions. Add lines 1 through 14			15	500.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	13,267.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	13,267.
	For Donard Dade Res Ast Notice and Indian			\ . ll	I. A (F 000 T) 0000

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valua	ation		
1	Inventory at beginning of year			1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	,			Yes No
Part Part					
1	Description of property (property street address, city, s A B C D	•			
	<u> </u>	Ι	В	С	D
•	Post and an arrand	Α	В	C	D D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
_	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Domination	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part	I, line 6, column (B)	>	0.
Part	10	•			
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	В				
	c				
	D	T			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		% %	%	%
7	Gross income reportable. Multiply line 2 by line 6	,	70	/(1 70
	Gross modific reportable. Multiply life 2 by life 0	1	1		
٥	Total gross income (add line 7 columns A through D)	Enter here and on B	Part L line 7 column (A)		<u> </u>
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	Part I, line 7, column (A)	>	0.
		. Enter here and on P	Part I, line 7, column (A)	>	0.
9 10	Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D)				

Page	<u>3</u>
	_
Programme Advisor	

Part VI Interest, Ann	uities, R	oyalties, and Re	ents fror	n Control	<u>led</u> Or	ganizations	S (se	ee instruct	ions)	
Exempt Controlled Organizations										
Name of controll organization	Name of controlled organization				al of specified nents made	5. Part of colu that is included controlling org tion's gross in		in the aniza-	6. Deductions directly connected with income in column 5	
(1)								<u> </u>		
(2)										
(3)										
(4)										
		No	nexempt C	Controlled O	rganizati	ons				
7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		10. Part of that is incontrolling gross	luded	in the zation's		Deductions directly connected with come in column 10
(1)						J		-		
(2)										
(3)										
(4)										
						Add colum Enter here line 8, c	and or	n Part I,	Add columns 6 and 1 Enter here and on Par line 8, column (B)	
Totals								0.		0.
Part VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		
1. Des	scription of	income		2. Amou incor		3. Deduction directly connected (attach states)	ected	4. Set- (attach st	asides atemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals			>	Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited I	Exempt A	Activity Income,	, Other T	Than Adve	ertising	g Income (see ins	structions)		
1 Description of exploit	ed activity:									
2 Gross unrelated busi	ness incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, columi	n (A)		2	
3 Expenses directly co line 10, column (B)		•							3	
4 Net income (loss) from lines 5 through 7	m unrelated	I trade or business.	Subtract lir	ne 3 from lin	e 2. If a (gain, complete			4	
5 Gross income from a	ctivity that	is not unrelated busi	iness incor	ne					5	
6 Expenses attributable									6	
7 Excess exempt expe										
4. Enter here and on	Part II, line	12							7	
								S	chedul	e A (Form 990-T) 2020

_	
Page	

3

Part	IX Advertising Income					<u> </u>
1	Name(s) of periodical(s). Check box if reporting	ng two or i	more periodicals on a c	onsolidated basis		
	A					
	В 🔛					
	c					
	D					
Enter a	amounts for each periodical listed above in the	correspor	_			
_			Α	В	С	D
2	Gross advertising income Add columns A through D. Enter here and on		. 11 . column (A)			. 0.
а	Add coldmins A through D. Enter here and on	rait i, iiii	e i i, columii (A)			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on		e 11. column (B)		•	0.
_		· · · · · · · · · · · · · · · · · · ·	,			
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	า				
	line 4 showing a loss or zero, do not complete	е				
	lines 5 through 7, and enter zero on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gi		he line 8a columns tot	al or zero here and	1 on	
-	Part II, line 13					0.
Part		rectors,	and Trustees (se	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
(3)					%	
(4)					%	
Total	Enter here and on Part II, line 1					0.
Part		o inetruet	ione)		P	<u> </u>
ı uı c	Zi Cappiemental imerination (Se	e instruct	.10(15)			

42-0680335

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
LP EIN: 71-1012623 - ORDINARY BUSINESS INCOME (LOSS)	28
LP EIN: 71-1012623 - NET RENTAL REAL ESTATE INCOME	-2
LP EIN: 71-1012623 - OTHER NET RENTAL INCOME (LOSS)	1
LP EIN: 71-1012623 - OTHER PORTFOLIO INCOME (LOSS)	1
LP EIN: 71-1012623 - OTHER INCOME (LOSS)	-137
LP EIN: 26-1902666 - ORDINARY BUSINESS INCOME (LOSS)	11,766
LP EIN: 26-1902666 - INTEREST INCOME LP EIN: 26-1902666 - DIVIDEND INCOME	461 237
LP EIN: 26-1902666 - DIVIDEND INCOME LP EIN: 26-1902666 - OTHER PORTFOLIO INCOME (LOSS)	-33
LP EIN: 26-1902666 - OTHER FORTFOLIO INCOME (LOSS)	69
LP EIN: 20-1195774 - ORDINARY BUSINESS INCOME (LOSS)	169
LP EIN: 20-1195774 - OTHER PORTFOLIO INCOME (LOSS)	5
LP EIN: 20-8255115 - ORDINARY BUSINESS INCOME (LOSS)	1,222
LP EIN: 20-8255115 - NET RENTAL REAL ESTATE INCOME	2
LP EIN: 20-8255115 - OTHER NET RENTAL INCOME (LOSS)	1
LP EIN: 20-8255115 - INTEREST INCOME	3
LP EIN: 20-8255115 - DIVIDEND INCOME	2
LP EIN: 20-8255115 - ROYALTIES	47
LP EIN: 20-8255115 - OTHER INCOME (LOSS)	40
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	13,882
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
TAX PREP FEES	500
TOTAL TO SCHEDULE A, PART II, LINE 14	500

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization
CORNELL COLLEGE

Unrelated business activity code (see instructions)

721110

D Sequence: 3 of 3

Describe the unrelated trade or business ROOM RENTAL Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 51,586. 16,082 35,504. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 51,586. 35,504. 13 **Total.** Combine lines 3 through 12

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	24,391.
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)		16,082.		
8	Less depreciation claimed in Part III and elsewhere on return		16,082.	8b	0.
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	6,627.
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	SEE STATEMEN	IT 4	14	12,212.
15	Total deductions. Add lines 1 through 14	15	43,230.		
16	Unrelated business income before net operating loss deduction. Subtract line	15 from Part I, line	13,		
	column (C)			16	-7,726.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-7,726.
	For Donous and Donother Ant Notice and Instructions			ala a de la	A (F 000 T) 0000

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part	III Cost of Goods Sold Enter met	nod of inventory valuation	on •		Page Z
1		Tod of involvery valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	Personal Propert	y Leased with F	Real Property)	
1	Description of property (property street address, city, s		*	•	
	A BRACKET HOUSE	418 2ND ST	REET SW, MOUNT	VERNON, IA 52314	
	В				
	c				
	D				
		Α	В	С	<u>D</u>
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%	0			
_	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	F1 F0C			
	50% or if the rent is based on profit or income)	51,586.			
С	Total rents received or accrued by property.	51,586.			
	Add lines 2a and 2b, columns A through D	51,566.			
•	Tatal wants was investigated an assumed Add line On ashurana A	thus cale D. Enter have	and an David Line C	l (A)	51,586.
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6,	column (A)	31,300.
	Deductions directly connected with the income	16,082.			
4	in lines 2(a) and 2(b) (attach statement) STMT 5	10,002.			
5	Total deductions. Add line 4 columns A through D. Er	ter here and on Part I li	ne 6. column (B)		16,082.
Part '		ee instructions)	110 0, 001d11111 (B)		
1	Description of debt-financed property (street address, of		eck if a dual-use (se	e instructions)	
	A	3 ,	(,	
	В				
	c 🔲				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				_
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	9	6 %	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Part	I, line 7, column (A)	>	0.
		· · · · · · · · · · · · · · · · · · ·			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				
11	Total dividends-received deductions included in line	10			0.

Page

	ule A (Form 990-T) 2020 VI Interest, Annu		ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see instru	ctions)	<u>Pa</u>	ige 3	
· art			- , a.i.o.o, a.i.a i ic				Exempt Contro	,				
Name of controlled organization			2. Employer identification number	incon	unrelated ne (loss) structions)	4. Total of specified payments 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)								J				
(2)												
(3)												
(4)												
					Controlled O	-						
7	in		Net unrelated acome (loss) e instructions)		9. Total of specified payments made		that is included in the controlling organization's gross income			 Deductions directled connected with come in column 10 		
(1)												
(2)												
(3)												
(4)												
							Enter here	nns 5 and 10. and on Part I, column (A)	ı	d columns 6 and 11 er here and on Part line 8, column (B)		
Totals						>		0	.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (attach	et-asides stateme		les	
(1)												
(2)												
(3)												
(4)					A del conse					Add assessed		
					Add amou column 2 here and o line 9, colu	. Enter n Part I,				Add amounts column 5. En here and on Pa line 9, column	iter art I,	
Totals				•	11110 0, 0010	0.				line 3, column	0.	
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertisino	g Income	see instruction	s)			
1	Description of exploite						,	occ motraction				
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)	2			
3	Expenses directly con						•	. ,				
	line 10, column (B)								3			
4	Net income (loss) from	n unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete		4			
5	Gross income from ac											
6	Expenses attributable								6			
7	Excess exempt expen											
	4. Enter here and on F								7			

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ig two or more periodicals on	a consolidated basis	S.	
	A				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		▶	0.
а					
3					
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		▶	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	I			
_	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·	 		
а	Add line 8, columns A through D. Enter the gr				0.
Part	Part II, line 13	ectors, and Trustees	(see instructions)		•
	,		(SCC ITISTI detions)	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	n Name	2. 1100		to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
/					
Total	Enter here and on Part II, line 1				0.
Part		ee instructions)			
	·	,			

FORM 990-T (A)	OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION				AMOUNT
OTHER ALLOCATED OVERHE	AD		-	12,212
TOTAL TO SCHEDULE A, P.	ART II, LINE 14		=	12,212
FORM 990-T (A) DEDUC	TIONS CONNECTED	WITH RENTAL	INCOME	STATEMENT 5
FORM 990-T (A) DEDUC	TIONS CONNECTED	WITH RENTAL ACTIVITY NUMBER	INCOME	STATEMENT 5 TOTAL
	TIONS CONNECTED - SUBTOTAL	ACTIVITY NUMBER		

2020 DEPRECIATION AND AMORTIZATION REPORT

BRACKET HOUSE A RENT 1

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	BRACKET HOUSE	07/01/07	SL	20.00	ну	17	331,137.				331,137.	212,109.		16,557.	228,666.
	* 990-T SCH C TOTAL OTHER						331,137.				331,137.	212,109.		16,557.	228,666.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

BRACKET HOUSE A RENT 4

Name	DIMICILE.	1 110001	RACKET HOUSE A RENT 4													
	Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
* TOTAL 990-T SCH C DEPR	22		07/01/07	SL	20.59		16	331,137.				331,137.	212,109.		16,082.	228,191.
		* TOTAL 990-T SCH C DEPR						331,137.				331,137.	212,109.		16,082.	228,191.

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

CORNELL COLLEGE				42-	0680335						
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.											
Part I Short-Term Capital Gai	-										
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (d)						
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b											
1b Totals for all transactions reported on											
Form(s) 8949 with Box A checked											
2 Totals for all transactions reported on											
Form(s) 8949 with Box B checked											
3 Totals for all transactions reported on											
Form(s) 8949 with Box C checked	(F 0050 II 00 05				2.						
4 Short-term capital gain from installment sales				4							
5 Short-term capital gain or (loss) from like-king				5	,						
6 Unused capital loss carryover (attach computa	,	L.		6	2.						
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain	e lines 1a through 6 in column	n ets Held More Tha	n One Vear	7	2.						
See instructions for how to figure the amounts					(h) Gain or (loss)						
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)						
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b											
8b Totals for all transactions reported on											
Form(s) 8949 with Box D checked											
9 Totals for all transactions reported on											
Form(s) 8949 with Box E checked											
10 Totals for all transactions reported on					-109.						
Form(s) 8949 with Box F checked					-109.						
	from Form COFO line OC or 07			11							
12 Long-term capital gain from installment sales				12							
13 Long-term capital gain or (loss) from like-kind	-			13							
	lines Os through 14 in solumn			14	-109.						
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		I II		15	105.						
16 Enter excess of net short-term capital gain (lir		l loce (line 15)		16							
17 Net capital gain. Enter excess of net long-term				17							
18 Add lines 16 and 17. Enter here and on Form				18	0.						
Note: If losses exceed gains, see Capital Los		moant into on unite ittuin		10	ı <u> </u>						
Gapital Los	iooo iii aio iiioa dodoiio.										

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

Schedule D (Form 1120) 2020

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020
Attachment

OMB No. 1545-0074

Social security number or taxpayer identification no.

42-0680335

Name(s) shown on return

CORNELL COLLEGE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (h) (c) (d) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (e*) ir combine the result Code(s) with column (g) the instructions adjustment LP EIN: 26-1902666 2. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

23011 12-11-20 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

above is checked), or line 3 (if Box C above is checked)

Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Form 8949 (2020)

Social security number or taxpayer identification no.

CORNELL COLLEGE 42-0680335 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or long-term transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

∪ Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

7 (F) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X	(E) Leave to the transactions rep				sported to the INS			
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	in column column (f)	(g)	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
LP	EIN: 71-1012623							2.
LP	EIN: 26-1902666							25.
LP	EIN: 20-8255115							<136.>
_								
_								
_								
_								
_								
_								
_								
_								
_								
_								
2	Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract					
	negative amounts). Enter each to							
	Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
	above is checked), or line 10 (if I	Box F above is ch	necked)					<109.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2020)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

A RENT

1

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Cornell College BRACKET HOUSE 42-0680335 Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. Part I 1,040,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation 3 2,590,000. 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 16,557. 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year b 30-year 30 yrs MM S/L С 40-vear MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 16,557. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the

034-0001

portion of the basis attributable to section 263A costs

23

CORNELL COLLEGE 42-0680335 Form 4562 (2020) Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

<u>24a</u>	Section A -							_							
	Do you have evidence to s	T		nt use cla	med?	Y	es	_ No	24b If "Y	es," is th	e evide	nce writt	en?	」Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l oti	(d) Cost or ner basis		(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) eciation uction	Ele sectio	(i) cted in 179 ost
25	Special depreciation alloused more than 50% in				•		•		•		25				
26	Property used more tha														
	. ,		9,												
		: :	9,	_											
		: :	9	_											
27	Property used 50% or le	ss in a qualif	ied business u	ise:								•			
		1 1	9	6						S/L -					
		1 1	9	6						S/L -					
		: :	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 21,	page 1				28				
	Add amounts in column												29		
	mplete this section for ve			n C to s	ee if you	meet ar	n except		completin	g this se	ection fo	r those v	vehicles.		
	Tatal business (increases			(a	-	-	o)	١.,	(c)	· ·	d) :	-	e)	(1 \/ab	-
	otal business/investment miles driven during the rear (don't include commuting miles)			Veh	icie	ven	<u>iicle</u>	V	'ehicle	Veh	icie	ver	nicle	Veh	icie
	ear (don't include commuting miles) Total commuting miles driven during the year														
32	Total other personal (no	-													
33	driven Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
J-T	during off-duty hours?			163	NO	163	NO	163	140	163	140	163	140	163	140
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa	•													
	use?														
		Section C	- Questions fo	or Emplo	yers W	ho Prov	ride Veh	icles f	or Use by	Their E	mploye	es			
	swer these questions to or related than 5% owners or related to the second seco			ception	to comp	oleting S	ection E	for ve	hicles use	d by em	ployees	who a ı	ren't		
07	Do you maintain a writte	en policy stat	ement that pro	ohibits al	l person	al use o	f vehicle	s, inclu	uding com	muting,	by your			Yes	No
3/	employees?														
3/	Do you maintain a writte	en policy stat	ement that pro	ohibits pe	ersonal ı	use of ve	ehicles, e	except	commutir	ng, by yo	our				
	employees? See the ins	tructions for	vehicles used	by corne	rate off	icers dir	rectors	or 1%	or more ov	vners					
38						iocio, an	cotoro,	01 170							
38 39	Do you treat all use of v	ehicles by en	nployees as pe	ersonal u	se?										
38 39 40	Do you treat all use of v	ehicles by en an five vehicl	nployees as pe es to your emp	ersonal u oloyees,	se? obtain ii										
38 39 40	Do you treat all use of v Do you provide more the the use of the vehicles,	ehicles by en an five vehicl and retain th	nployees as pe es to your emp e information r	ersonal u oloyees, received	se? obtain ii	nformati	on from	your e	mployees	about					
38 39 40	Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require	ehicles by en an five vehicl and retain the ements conce	nployees as pe es to your emp e information r erning qualified	ersonal u oloyees, received' d automo	se? obtain ii ? obile der	nformation	on from	your e	mployees	about					
38 39 40 41	Do you treat all use of v Do you provide more that the use of the vehicles, Do you meet the require Note: If your answer to	ehicles by en an five vehicl and retain the ements conce	nployees as pe es to your emp e information r erning qualified	ersonal u oloyees, received' d automo	se? obtain ii ? obile der	nformation	on from	your e	mployees	about					
38 39 40 41	Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization	ehicles by en an five vehicl and retain the ements conce	nployees as pe es to your emp e information r erning qualified	ersonal u oloyees, received' d automo s," don't	se? obtain ii ? obile der	nformation nonstrat	on from	your e	mployees	about					
38 39 40 41	Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description of	ehicles by en an five vehicl and retain the ements conce 37, 38, 39, 40	nployees as pees to your empees information remaining qualified 0, or 41 is "Yes	ersonal uployees, received dautomos, don't (b) amortization begins	se? obtain ii ? obile der comple	nformation	on from ion use? on B for	your e	mployees	about icles.		ition	An	(f) nortization r this year	
38 39 40 41	Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a)	ehicles by en an five vehicl and retain the ements conce 37, 38, 39, 40	nployees as pees to your empees information remaining qualified 0, or 41 is "Yes	ersonal uployees, received dautomos, don't (b) amortization begins	se? obtain ii ? obile der comple	nformation	on from ion use? on B for	your e	wered veh	about icles.	(e)	ition	An	(f)	
38 39 40 41	Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description of	ehicles by en an five vehicl and retain the ements conce 37, 38, 39, 40	nployees as pees to your empee information reming qualified 0, or 41 is "Yesting your 2020	ersonal uployees, received dautomos, don't (b) amortization begins tax year : : :	se? obtain ii ? obile der comple	nformation	on from ion use? on B for	your e	wered veh	about icles.	(e)	ition	An	(f)	
38 39 40 41 Pa	Do you treat all use of v Do you provide more the the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description of	ehicles by en an five vehicl and retain the ements conce 37, 38, 39, 40 f costs at begins du	nployees as pees to your empee information reming qualified 0, or 41 is "Yes pate"	ersonal uployees, received dautomos, "don't (b) amortization begins tax year	se? obtain ii comple	nonstrati nonstrat te Sectio (c) Amortizab amount	ion from ion use on B for	your e	vered veh (d) Code section	about	(e) Amortiza period or per	ition	An	(f)	

Form **4562** (2020)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

A RENT

4

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

Corn	nell College			BRAC	KET H	OUSE				42-0680335
Par	rt Election To Expense Certain Prope	erty Under Section 17	'9 Note: If yo	ou have any li	sted pr	operty,	complete Par	t V b	efore y	ou complete Part I.
1 N	Maximum amount (see instructions)								1	1,040,000.
2 T	Total cost of section 179 property place	ced in service (see	instructions)						2	
3 T	Threshold cost of section 179 property	y before reduction	in limitation						3	2,590,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-					4	
5 D	Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -	0 If married filin	g separately, see	instruction	ns			5	
6	(a) Description of p	roperty		(b) Cost (busin	ness use o	only)	(c) Elected	d cost		
7 L	Listed property. Enter the amount fror	n line 29				7				
	Total elected cost of section 179 prop								8	
	Tentative deduction. Enter the smalle								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the								11	
	Section 179 expense deduction. Add				11				12	
	Carryover of disallowed deduction to 2				<u> </u>	13				
	rt II Special Depreciation Allow				I - 11 - 4					
	Openial Bepresiation / tile II		•	`			· ,			
	Special depreciation allowance for qua						ū			
	the tax year								14	
	Property subject to section 168(f)(1) el	ection							15	16,082.
	Other depreciation (including ACRS) rt III MACRS Depreciation (Don'	t include listed pro	norty Soo in	etructions \					16	10,002.
ı uı	MACHS Depreciation (Don	t include listed pro	-	ection A						
47 \	MACRO deductions for secretary	:			<u> </u>				47	
	MACRS deductions for assets placed	•		•			. F		17	
10 11	f you are electing to group any assets placed in ser Section B - Asset						neral Depreci	ation	Syste	m
	Geotion B - Addet	(b) Month and	(c) Basis fo	r depreciation						
	(a) Classification of property	year placed in service		nvestment use instructions)	(u)	Recovery period	(e) Convention	ገ (f) l	Method	(g) Depreciation deduction
—— 19a	3-year property							\top		
<u></u> b	5-year property									
C	7-year property									
d	10-year property									
e	15-year property									
f	20-year property									
g	25-year property				2	5 yrs.			S/L	
	Decidential west-1	/			27	.5 yrs.	MM		S/L	
h 	Residential rental property	/			27	.5 yrs.	MM		S/L	
	Nonroaidantial real property	/			3	9 yrs.	MM		S/L	
i 	Nonresidential real property	/					MM		S/L	
	Section C - Assets	Placed in Service	During 2020	Tax Year U	sing th	e Alter	native Depre	ciatio	n Syst	tem
<u>20a</u>	Class life								S/L	
b	12-year				1	2 yrs.			S/L	
С	30-year	/			3	0 yrs.	MM		S/L	
d	40-year	/			4	0 yrs.	MM		S/L	
Par	rt IV Summary (See instructions.)									Г
	Listed property. Enter amount from lin								21	
	Fotal. Add amounts from line 12, lines									
	Enter here and on the appropriate line				tions - s	ee inst	tr		22	16,082.
	For assets shown above and placed in		current yea	r, enter the						
p	portion of the basis attributable to sec	tion 263A costs	<u></u>		<u>.</u>	23				

034-0001

CORNELL COLLEGE 42-0680335 Page 2

Form 4562 (2020)

P	entertainment,			ain other venicles	, certain ai	rcraπ, an	a property	usea for			
	Note: For any	ehicle for wl	hich you are usii	ng the standard m				e expense, com	plete only 24a,		
				ll of Section B, are formation (Caution)				mits for passon	an automobiles	 	
	a Do you have evidence to s				Yes			es," is the evide		Yes	- No
<u>24</u>	(a)	(b)	(c)	(d)	T (e)	(f)	(g)	(h)	Ī	<u> </u>
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Cost or other basis	Basis for d (business/i use		Recovery period	Method/ Convention	Depreciation deduction	sectio	cted on 179 ost
25	Special depreciation alloused more than 50% in a		•	. , .		J	,				
26	Property used more than										
		1 1	%								
		: :	%								
		: :	%								
<u>27</u>	Property used 50% or le	ss in a qualif	ied business us	e:					_		
_		1 1	%					S/L -			
_		: :	%					S/L -		1	
_		: :	%					S/L -		-	
	Add amounts in column				e 21, page	1		28			
<u>29</u>	Add amounts in column	(i), line 26. E							29		
	mplete this section for ve your employees, first ansv		oy a sole proprie		her "more	than 5%	owner," or	•			
				(a)	(b)		(c)	(d)	(e)	(f	·)
30	Total business/investment i	miles driven di	uring the	Vehicle	Vehicle	\ \	/ehicle	Vehicle	Vehicle	Veh	icle
	year (don't include commut	- ,				_				<u> </u>	
31	Total commuting miles of	driven during	the year			_				<u> </u>	
32	Total other personal (no	ncommuting) miles								
	driven		L								
33	Total miles driven during	, ,									
	Add lines 30 through 32										

31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year.												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No										
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

1110	re than 670 cwilers of related persons.									
37	Do you maintain a written policy statement that	t prohibits a	Il personal use of vehicles,	including commuting	g, by your		Yes	No		
	employees?									
38	Do you maintain a written policy statement that	t prohibits p	ersonal use of vehicles, ex	cept commuting, by	your					
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners									
39	9 Do you treat all use of vehicles by employees as personal use?									
40	10 Do you provide more than five vehicles to your employees, obtain information from your employees about									
	the use of the vehicles, and retain the informat	ion received	?							
41	Do you meet the requirements concerning qua	lified automo	obile demonstration use?							
	Note: If your answer to 37, 38, 39, 40, or 41 is	"Yes," don't	complete Section B for th	e covered vehicles.						
P	art VI Amortization									
	(a) (b) (c) (d) (e) (f									
	Description of costs	Date amortization	Amortizable amount	Code section	Amortization period or percentage		rtization his year			

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizatio period or percer		(f) Amortization for this year
42 Amortization of costs that begins during your	2020 tax year	r:				
	: :					
	: :					
3 Amortization of costs that began before your 2		43				
14 Total. Add amounts in column (f). See the inst		44				

Form **4562** (2020) 016252 12-18-20

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

OMB No. 1545-0184

2020

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment 27

CORNELL COLLEGE 42-0680335 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale LP EIN: 71-1012623 -25. LP EIN: 26-1902666 -85. LP EIN: 20-1195774 9. LP EIN: 20-8255115 -14. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 -115. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 115. Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -115. Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a

LHA For Paperwork Reduction Act Notice, see separate instructions.

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

Form 4797 (2020)

18b

Department of the Treasury

Name(s) shown on return

(Form 1040), Part I, line 4

Part III G	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)											
19 (a) Descrip	otion of section 1245, 1250, 1252, 1254, o	or 1255 _l	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)					
A												
В												
<u> </u>												
D												
	umns relate to the properties on				_							
	through 19D.	•	Property A	Property	В	Property C	Property D					
	sprice (Note: See line 1 before completing.)	20										
	her basis plus expense of sale	21										
	on (or depletion) allowed or allowable	22										
	pasis. Subtract line 22 from line 21	23										
	Subtract line 23 from line 20	24										
	1245 property:	05-										
	on allowed or allowable from line 22	25a 25b										
	smaller of line 24 or 25a	250										
was used, e	1250 property: If straight line depreciation enter -0- on line 26g, except for a corporation ection 291.											
a Additional o	depreciation after 1975. See instructions	26a										
	e percentage multiplied by the smaller or line 26a. See instructions	26b										
property of	ine 26a from line 24. If residential rental or line 24 isn't more than line 26a, skip and 26e	26c										
d Additional (depreciation after 1969 and before 1976	26d										
e Enter the	smaller of line 26c or 26d	26e										
	91 amount (corporations only)	26f										
g Add lines	26b, 26e, and 26f	26g										
dispose of a partnersh												
	r, and land clearing expenses	27a										
	ultiplied by applicable percentage	27b										
	smaller of line 24 or 27b	27c										
a Intangible of the for develop	rizish property. Irilling and development costs, expenditures ment of mines and other natural deposits, loration costs, and depletion. See instructions	28a										
	smaller of line 24 or 28a	28b										
a Applicable	1255 property: percentage of payments excluded ne under section 126. See instructions	29a										
	smaller of line 24 or 29a. See instructions	29b										
Summary o	f Part III Gains. Complete property of	columns	A through D through li	ine 29b before (aoina	to line 30						
					901119		_					
30 Total gain	s for all properties. Add property columns	A throu	igh D, line 24			30						
	erty columns A through D, lines 25b, 26g,		·			31						
	ne 31 from line 30. Enter the portion from		ty or theft on Form 468	4, line 33. Ente	r the	· I						
from othe	rthan casualty or theft on Form 4797, line ecapture Amounts Under Sectio	6	0 and 280E(h)(2) V	Whon Pusin	000	32	/ or Loss					
	ecapture Amounts Under Section e instructions)	115 178	a anu ∠our(D)(∠) V	viieli Dusine	८ 55 (ייטט פרסטאר פרע אפרע אפרע אפרע אפרע אפרע אפרע אפר	OI LUSS					
(Se	ธ และเนินเบทอ					(a) Section 179	(b) Section 280F(b)(2)					
33 Section 1	79 expense deduction or depreciation allo	wahla in	nrior years	ſ	33		200. (8)(2)					
					34							
•	amount. Subtract line 34 from line 33. Se		structions for where to	r	35							

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information.

CORNELL COLLEGE 42-0680335 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale LP EIN: 71-1012623 -25. LP EIN: 26-1902666 -85. LP EIN: 20-1195774 9. LP EIN: 20-8255115 -14. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 -115. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 115. Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -115. Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 18b (Form 1040), Part I, line 4 Form **4797** (2020) LHA For Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury

Name(s) shown on return

Part III G	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)											
19 (a) Descrip	otion of section 1245, 1250, 1252, 1254, o	or 1255 _l	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)					
A												
В												
<u> </u>												
D												
	umns relate to the properties on				_							
	through 19D.	•	Property A	Property	В	Property C	Property D					
	sprice (Note: See line 1 before completing.)	20										
	her basis plus expense of sale	21										
	on (or depletion) allowed or allowable	22										
	pasis. Subtract line 22 from line 21	23										
	Subtract line 23 from line 20	24										
	1245 property:	05-										
	on allowed or allowable from line 22	25a 25b										
	smaller of line 24 or 25a	250										
was used, e	1250 property: If straight line depreciation enter -0- on line 26g, except for a corporation ection 291.											
a Additional o	depreciation after 1975. See instructions	26a										
	e percentage multiplied by the smaller or line 26a. See instructions	26b										
property of	ine 26a from line 24. If residential rental or line 24 isn't more than line 26a, skip and 26e	26c										
d Additional (depreciation after 1969 and before 1976	26d										
e Enter the	smaller of line 26c or 26d	26e										
	91 amount (corporations only)	26f										
g Add lines	26b, 26e, and 26f	26g										
dispose of a partnersh												
	r, and land clearing expenses	27a										
	ultiplied by applicable percentage	27b										
	smaller of line 24 or 27b	27c										
a Intangible of the for develop	rizish property. Irilling and development costs, expenditures ment of mines and other natural deposits, loration costs, and depletion. See instructions	28a										
	smaller of line 24 or 28a	28b										
a Applicable	1255 property: percentage of payments excluded ne under section 126. See instructions	29a										
	smaller of line 24 or 29a. See instructions	29b										
Summary o	f Part III Gains. Complete property of	columns	A through D through li	ine 29b before (aoina	to line 30						
					901119		_					
30 Total gain	s for all properties. Add property columns	A throu	igh D, line 24			30						
	erty columns A through D, lines 25b, 26g,		·			31						
	ne 31 from line 30. Enter the portion from		ty or theft on Form 468	4, line 33. Ente	r the	· I						
from othe	rthan casualty or theft on Form 4797, line ecapture Amounts Under Sectio	6	0 and 280E(h)(2) V	Whon Pusin	000	32	/ or Loss					
	ecapture Amounts Under Section e instructions)	115 178	a anu ∠our(D)(∠) V	viieli Dusine	८ 55 (ייטט פרסטאר פרע אפרע אפרע אפרע אפרע אפרע אפרע אפר	OI LUSS					
(Se	ธ และเนินเบทอ					(a) Section 179	(b) Section 280F(b)(2)					
33 Section 1	79 expense deduction or depreciation allo	wahla in	nrior years	ſ	33		200. (8)(2)					
					34							
•	amount. Subtract line 34 from line 33. Se		structions for where to	r	35							