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Form **990**

Department of the Treasury

Internal Revenue Service

self-employed).

.P.O. BOX∜187169 HAMDEN, CT 06518

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Return of Organization Exempt From Income Tax

Judger section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Please USS RS HENRY E. & NANCY H. BARTELS TRUST F/B/O label or CORNELL UNIVERSITY print or Name change type 22-2774533 Doing Business As Initial 34 See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific ia B Termin-PO BOX 187169 (203) 281-4933 Amended City or town, state or country, and ZIP + 4 1,837,989. G Gross receipts \$ Applica-HAMDEN, CT 06518 H(a) Is this a group return F Name and address of principal officer: JOHN B. LOEHMANN JYes X No for affiliates? H(b) Are all affiliates included? Yes No SAME AS C ABOVE Tax-exempt status: X 501(c) (3 (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number Corporation X Trust Other > K Form of organization: Association Year of formation: 1986 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE GRANTS TO CORNELL Governance UNIVERSITY TO FUND SCHOLARSHIPS AND OTHER EDUCATIONAL FUNCTIONS. Check this box \(\bigsim \) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of volunteers (estimate if necessary) 0 6 11,005. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a <4,423.> b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 300,000. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII do Inst (4) Invest3 4, and 7d) 180,801. <30,328.> 11 Other revenue (Part VIII) column (A), lines 5, 6d, 8c, 9c 10c, and 11e) Total revenue - add lifes 8 through 11 (must equal Part VIII, column (A), line 12)
Grants and similar artiounts paid (Part IX, column (A), lines 1-3) 180,801. 269,672. 22,776. 226,862. Benefits paid to or for manubers (Part IX, column (Al tine 4) 15 Salaries, other compensation entrologies benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 43,728. 15,593. 66,504. 242,455. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>27,217</u>. 114,297. Revenue less expenses. Subtract line 18 from line 12 Sets or Balances Beginning of Current Year End of Year 1,173,272. 1,077,910. 20 Total assets (Part X, line 16) 319,116. Total liabilities (Part X, line 26) <u>202,230.</u> 854,156. 875,680. 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 praparer (other than offices) is based on all information of which preparer has any knowledge Sign Signature of officer Here JOHN B. LOEHMANN, TRUSTEE Type or print name and title Check if Preparer's identifying number Preparer's Paid Matocha, ('PA 5/11/10 POOS 7200 1 signature employed > Preparer's Firm's name (or T. M. BY*BEE COMPANY, P.C. FIN > Use Only yours if

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NOS

X Yes No

Form **990** (2009)

Phone no. \triangleright (203)281-4933



	990 (2009			LL UNIV	NANCY H.		S TRUS	T F/B/O		774533	3 Page 2
1	Briefly de	scribe the o	organization's m	ission: TO CORI			TO FU	ND SCHO	LARSHIPS	AND (THER
2	the prior	Form 990 o									es X No
3	Did the o	rganization	ese new services cease conductii ese changes on	ng, or make s		ges in how it c	onducts, an	y program ser	vices?		es X No
4	Section 5	i01(c)(3) and	t purpose achieved 501(c)(4) organt, the total expen	nizations and	section 4947(a	ı)(1) trusts are ı	required to r	eport the amo	s by expenses. unt of grants and	i	
4a	(Code:	rs for) (Expense THE BEN		26,862. if CORNEL			226,862	•)(Revenue \$		
4b	(Code:) (Expense	es \$	i	ncluding grants	s of \$) (Revenue \$		
4c	(Code:) (Expense	es \$	i	ncluding grants	s of \$) (Revenue \$		
						-					

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

(Expenses \$ including grants of \$) (Revenue \$

226,862. 4e Total program service expenses ▶\$

Form **990** (2009)

Form 990 (2009) CORNELL UNIVERSITY

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		}	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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	1	х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	, ,		
•	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.	,		
•	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.	٠.		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			ļ
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		'	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- '
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		١.	1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	,		1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ŀ	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
-	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.5
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1,5
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.
20	complete Schedule G, Part III	19		X
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20	<u> </u>	<u> </u>

Form 990 (2009) 22-2774533 CORNELL UNIVERSITY Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 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 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was X 28c X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," complete Schedule R, Part V, line 2 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X

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X

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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

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

Note, All Form 990 filers are required to complete Schedule O.

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Form 990 (2009) CORNELL UNIVERSITY

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0 4 not applicable be their the number of Forms W2G included in line 1a. Enter 0-if not applicable Departments to vendors and reportable gamma (gambling) winnings to prize winners. The provided on Form W3, Transmittal of Wage and Tax Statements, [2a] 0 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2a] 0 3 If at least one is reported on line 2a, did the organization field in required feeding employment tax naturns? 2 4 If a use of line is a field a form 900 Tof for this year? If "No, "provide an explanation of Exclude O O O O O O O O O O O O O O O O O O O				Yes	No
be Enter the number of Forms W-SG included in line 1a. Enter O-If not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2b. If a tiesal one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fibth five return, (see instructions) 3b. Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3c. Was the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c. Was the organization are country (such as a bank account, securities account, or other financial accountly? 3c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 3c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 3c. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 3c. If Yes, 1 to line 5a or 5b, did the organization file Form 5898 ff, Daclosure by Tax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 3c. If Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c. If Yes, 3d the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c. If Yes, 4d the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c. If Yes, 4d the organization solicit the contributions under section 170(c). 3c. If Yes, 4d the organization sol	1a				
Dit the organization compty with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calandary avar anding with or within the year covered by this return 3 bit at least one is reported on lies 2a, did the organization file all orquired federal employment tax returns? 2b If Yes, Insa it filed a Form 990-T for this year? If You, Provide an explanation a Schedule O 3 bit the organization have unnetled buseness gross income of \$1,000 or more during the year overed by this return? 3 X 3 X 4 At any time during the calendary year, did the organization file all organization file and explanation and schedule O 3 bit Yes, Insa it filed a Form 990-T for this year? If You, Provide an explanation and Schedule O 4 bit Yes, Insa it filed a Form 990-T for this year? If You, Provide an explanation and Schedule O 5 bit Yes, Insa it filed a Form 990-T for this year? If You, Provide an explanation and schedule O 5 bit Yes, Insa it filed a Form 990-T for this year? If You, Provide an explanation and schedule O 5 bit Yes, Insa it filed a form 990-T for this year? 5 bit Yes, Insa it filed a form 990-T for this year? 5 bit Yes, Insa it filed a provide and the organization file Form 980-T form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts. 6 bit Yes, India for some schedule of the organization file Form 980-T form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts. 6 bit Yes, India for schedule organization file Form 980-T form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts. 7 bit Yes, India for schedule organization file Form 980-T form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts. 7 bit Yes, India for schedule organization file Form 980-T form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts. 8 bit Yes, India for schedule organization file Form 980-T form 10 F 90 22.1, Report of			-		
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22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. 1 If least one is reported on fine 2a, did the organization file all required federal employment tax returns? 2 Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3 Did the organization have unrelated buseness gross income of \$1,000 or more during the year covered by this return? 3 A X In the same of the same of the same 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)? 3 A X In the same of the same 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)? 4 Expected in the same of the foreign country (such as a bank account, securities account, or other financial account)? 5 Be the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 By Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 By Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5 By Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5 By Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5 By Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5 By Was the organization or include with every solicitation and party to gradual tax organization solicit any contributions or gradual tax were not tax deductible? 6 By Was the organization and the very	С				
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of files at and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3					
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4b If Yes, "has if filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O 4c At any time during the calendar 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)? 5c If Yes, "the if the foreign country Such as a bank account, securities account, or other financial account 5c If Yes, "the the ream end the foreign country Such as a bank account, securities account, or other financial accounts. 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5d Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions hat were not tax deductible? 5d If Yes, "did the organization include with every solicitation an express attainment that such contributions or gifts were not tax deductible? 6d If Yes, and the organization notify the donor of the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization notify the donor of the value of the goods or services provided? 7d If Yes, "did the organization notify the donor of the value of the goods or services provided? 7d If Yes, "did the organization of the value of the goods or services provided? 7d If Yes, and the organization of the value of the goods or services provided? 7d If Yes, "did the organization of qualified intellectual property, did the organization file Form 8896 as required? 7d If Yes, and the organization of qualified intellectual property, did the organization file Form 8896 as required? 7d If He Form 8202? 9 Sponsoring orga	b		2b		
b If "Yes," has It filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar 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)? 4a X b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction of the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," did the organization account tax deductions or gifts were not tax deductible? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sclicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shaft may recolve deductible contributions under section 170(c). 8b If "Yes," indicates the number of Forms 8282 filed during the year organization shaft in any recolve deductible contributions under section 170(c). 8c If "Yes," indicate the number of Forms 8282 filed during the year organization shaft in the supporting management of the reganization file form 8590 as required? 7c X 7d If Yes," indicate the number of Forms 8282 filed during the year organization file a Form 1098-C as required? 7n For contributions of cars, boats, airplanes, and other vehicles, did the organi	_	·			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account;? b if "Yes," enter the name of the foreign country; !> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Discourse of it "Yes," to line Sao of Sb, dut the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Des 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? 5c Destine organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b Did the organization on the payor? 7b Did the organization on the payor or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year 7c X 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7f Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization make any taxable distribution under section 509(a)(3) supporting organizations. D			-		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a			3b	X	
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	9	Sponsoring organizations maintaining donor advised funds.			
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10			-]	,
a Gross income from members or shareholders					-
a Gross income from members or shareholders	þ			ŀ	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					, ,
amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					-
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	þ	· · · · · · · · · · · · · · · · · · ·			1
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_			, ,	r .
· · · · · · · · · · · · · · · · · · ·			12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2009)

Page 6

Form 990 (2009) CORNELL UNIVERSITY 22-2774533 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5	-		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	_X_	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	' -	1	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	•		
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	,	,	
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	-	٠, ١	,
	exempt status with respect to such arrangements?	16b	_	
Sec	tion C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	•	
	JOHN B. LOEHMANN CPA - 203-281-4933			
	2319 WHITNEY AVE. HAMDEN, CT 06518	-	-	
		Form	990 (2009)

932008 02-04-10

Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. [37] or 1 ... 1 ...

X Check this box if the organization did not	(B)				C)			(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per		heck	call 1	that	app	ly)	compensation from	compensation from related	amount of other
	week	igg igg						the	organizations	compensation
		9	異		ļ	sated		organization	(W-2/1099-MISC)	from the
		置	星		e de	E .		(W-2/1099-MISC)		organization and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег	!		organizations
		Ĕ	Ĕ	5	2	三品	횬			
JOHN B. LOEHMANN	0.20								0	
TRUSTEE KENNETH G. BARTELS	0.30	X	<u> </u>	-	 	├		0.	0.	0.
TRUSTEE	0.10	v				1	ĺ	0.	0.	0.
PHILIP H. BARTELS	0.10		\vdash		-	 	 	0.	0.	
TRUSTEE	0.10	\mathbf{x}		l				0.	0.	0.
SUSAN H. MURPHY										
TRUSTEE	0.10	X			<u></u>			0.	0.	0.
WENDELL BRYCE										
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CORNELL	UNIVERSITY

Pa	t VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	,_,		Pos			. 1 3	Reportable	Reportable			tımate	
		hours per	<u> </u>	Teci	an	mai	арр	iy)	compensation from	compensation from related	'		ount o	ΣT
		week	drect				_	l	the	organizations		com	pensa	
			tee or	ste			asste	l	organization (W-2/1099-MISC)	(W-2/1099-MIS	2)		om the anizati	_
			an dus	튵	İ	ployes	8 8		(44-27 1033-141130)			_	i relate	
			Individual trustee or director	Institutional trustee	G G G	Key employes	Highest compensated employee	g E				orga	nizatio	ons
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				l		•								
	Total	<u> </u>	I	L	l	L			0.		0.			0.
2	Total number of individuals (including but in	ot limited to th	1080	liste	ed al	bove	e) wt	ho re		<u> </u>				
	compensation from the organization								·	•				0
											г		Yes	No
3	Did the organization list any former officer,				-	plo	уөө,	or h	nighest compensated er	nployee on		٠.,		`
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su					ation			her companyation from			3		X
-	and related organizations greater than \$150								=	-		4	İ	x
5	Did any person listed on line 1a receive or a												-,	
	the organization? If "Yes," complete Sched	ule J for such	pers	on ,								5	ŀ	X
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of comp	ensa	ition f	rom	
	the organization. NONE (A)							\neg	(B)			(C		
	Name and business	address							Description of s	ervices	Co		, isatioi	1
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2	Total number of independent contractors (i	ncluding but a	ot li	mite	d to	tho	ا م	L hata	l ahove) who received m	ore than			١. ٠	•
_	\$100,000 in compensation from the organic	_	iÇE III		- 10		3 0 113)	oran	i above, who lectived it	,	· ; ,	<u>.</u> :	. '.1.	
												Form 9	990 (2	2009)

HENRY E. & NANCY H. BARTELS TRUST F/B/O

22-2774533 Page 9 Form 990 (2009) CORNELL UNIVERSITY Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 300,000 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and <u>5,</u>070 <u>4,</u>174 other similar amounts) 896 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1,532,919 b Less: cost or other basis and sales expenses 1,568,317 c Gain or (loss) <35398.> d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 0. 11,005. 269,672 Total revenue. See instructions.

Form **990** (2009)

CORNELL UNIVERSITY

Form 990 (2009)

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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) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 226,862 226,862. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management Legal 2,450 2,450. Accounting Lobbying d 1. July 1. 32 ٠, ک سو Professional fundraising services. See Part IV, line 17 Investment management fees Advertising and promotion 12 13 Information technology 14 15 Royalties 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 13,119. 13,119. 20 21 Depreciation, depletion, and amortization ... 22 23 Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a FOREIGN TAXES 24 b C d All other expenses 226,862. 15,593. 0. 25 242,455. Total functional expenses. Add lines 1 through 24f Joint costs. Check here I if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation

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		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	335,788.	1	324,856.
2	Savings and temporary cash investments		2	
з	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		- 1	
	employees, and highest compensated employees. Complete Part II			,
	of Schedule L		5	-
6	Receivables from other disqualified persons (as defined under section		1 -	*
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		<i>-</i> 3	, ,
	Part II of Schedule L		6	
ღ 7	Notes and loans receivable, net		7	
8 8 8 8	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
10		State of the second	,	- 1,
- [basis. Complete Part VI of Schedule D 10a		,	•
1	b Less: accumulated depreciation		10c	
11	Investments - publicly traded securities	837,484.	11	573,632.
12	Investments - other securities. See Part IV, line 11		12	179,422.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,173,272.	16	1,077,910.
17	Accounts payable and accrued expenses	319,116.	17	202,230.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
စ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,	The second of the second of	·: _``	
Ciabilities 22	highest compensated employees, and disqualified persons. Complete Part II	1. S. C.	, ,	
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	_,	24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	319,116.	26	202,230.
i	Organizations that follow SFAS 117, check here 🕨 📖 and complete			;
န္မ	lines 27 through 29, and lines 33 and 34.		10	
ᇣ 27	Unrestricted net assets		27	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Temporarily restricted net assets		28	
ᅙ 29			29	
로	Organizations that do not follow SFAS 117, check here 🕨 🐰 and		:	
<u>ნ</u>	complete lines 30 through 34.	The state of the state of		
ਨੂੰ 30	Capital stock or trust principal, or current funds	854,156.	30	875,680.
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
<u>ਛ</u> ੇ 32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
z 33	Total net assets or fund balances	854,156.	33	875,680.
34	Total liabilities and net assets/fund balances	1,173,272.	34	1,077,910.

HENRY E. & NANCY H. BARTELS TRUST F/B/O

Form 990 (2009) 22-2774533 Page **12** CORNELL UNIVERSITY Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

HENRY E. & NANCY H. BARTELS TRUST F/B/O

Employer identification number

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.	<u> </u>	4/13	<u> </u>	
The organ			because it is: (For lines									
1 📋			s, or association of chur	_		=	-	١.				
2 🔲			O(b)(1)(A)(ii). (Attach So				CA A A	•				
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4 🔲			operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ıe,
	city, and sta								-	-		
5 🗔	_		benefit of a college or u	niversity o	wned or of	perated by	a governi	mental und	described	d in		
• —)(b)(1)(A)(iv). (Comple	•									
			ent or governmental uni					6 41		C.D		
7 📖	_	•	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general pi	ublic desc	преа і	n
• [(b)(1)(A)(vi). (Comple	•	(0	D-4 II \							
ँ∺			ection 170(b)(1)(A)(vi).						. .			•
9 📙	_	•	eives: (1) more than 33							•	•	
			nctions - subject to certa							_		
			axable income (less sec	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	nization at	ter June 3	0, 197	'5.
40 [509(a)(2). (Complete	•			Saa41-		4 \				
10 L 11 X			perated exclusively to te					-				
11 LXJ	_		perated exclusively for the					•		•		or
			ations described in section				2). See se (ction 509(a	адзу. Спес	ok the box	mai	
	a Type		organization and compl		e III - Func		tograted		٦₽	Type III - (Hhor	
еХ						-	•	r mara dia		• •		
e LAL			t the organization is not		-	_	=		-			
f			han one or more publicl ten determination from		_				n(a)(1) or si	ection 50s	(a)(Z).	
•		organization, check th	da barr		_	-						
	•	•	rganization accepted a									
g			irectly controls, either a			-					Yes	No
			upported organization?							11g(i)	163	X
	-		described in (i) above?									X
			person described in (i)									X
h			about the supported or							. <u>(119(m/</u>		
"	FIOVICE LITE	ioliowing intomization	about the supported of	yanzanon	1(5).							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization isted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organizatio U.S.	on in col.) ed in the	(vii) An sup	nount o	ıf
			(see instructions))	Yes	No	Yes	No	Yes	No			
CORNE										<u>-</u> -	. -	
UNIVE	RSITY	15-0532082	2	X	 	Х		X		22	6,8	<u>62.</u>
				ļ	 	<u> </u>						
					 							
	-											
		以内侧。第三百		· · · · · · · · · · · · · · · · · · ·	F. 17	医疗		: 771 - 74	- CE 17 CE 18			
[otal		16. (2015) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1:0	1.		[' f	1		22	6.8	62

	edule A (Form 990 or 990-EZ) 2009 rt II Support Schedule for	Organizations	Described in	Sections 170	(h)(1)(A)(iv) and	d 170(b)/1)/A)/vi	Page 2
1.0	(Complete only if you checke			Sections 170	(ש)(י)(א)(וע) פווי	u 170(D)(1)(A)(VI	,
Sec	tion A. Public Support	d the box on the c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2005	(0) 2000	(6) 2007	(4) 2008	(e) 2009	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf					1	
3	The value of services or facilities					ļ	
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3						·····
5	The portion of total contributions	等三面 人名英格兰	17 11 11 11 11 11 11 11 11 11 11 11 11 1	- n pt/性性型	福档等。15、前,	3707	
_	by each person (other than a						
	governmental unit or publicly	· 经有限的	Entra Anna Maria				
	supported organization) included	The state of the state of	[살통] [[라]]				
	on line 1 that exceeds 2% of the				想到秦州后	Such that is they a	
	amount shown on line 11,						
	column (f)	1000 1100 1100 1100 1100 1100 1100 110		17 基金量			
6	Public support. Subtract line 5 from line 4	1 2 2 4 4 4 4 4 5 4 5 4 5 5 5 5 5 5 5 5 5	图1000000000000000000000000000000000000	27岁、这个事情和	Saule of the Saule of the	() () () () () () () () () ()	
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			1			
	secunties loans, rents, royalties					}	
	and income from similar sources						
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					ŀ	
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	- राज्यान मुस्य			推荐的各种产生	* - 19 1-1, 30	
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
500	organization, check this box and storetion C. Computation of Publ	p here lie Support Po	roontogo				_
				1			
14	Public support percentage for 2009 (14	<u>%</u>
15	Public support percentage from 2008 33 1/3% support test - 2009. If the o	-	•				<u>%</u>
10a	stop here. The organization qualifies						
h	33 1/3% support test - 2008. If the o						
	and stop here. The organization qual	_					
172	10% -facts-and-circumstances tes						
· · · a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	L
h	10% -facts-and-circumstances tes						► ∟
O	more, and if the organization meets the	=					770 UI
	organization meets the "facts-and-cire		•		•		▶□
18	Private foundation. If the organization		-	•			
	The second secon	via riot orioon a	<u> </u>	-1 1001 1101 VI 111		edule A (Form 990	or 990-EZ) 2009
						,	,

Pa	art III Support Schedule for Cotion A. Public Support	Organizations	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I.)
		(=) 200E	(h) 2006	(-) 2007	(4) 2008	(0) 2000	(D Total
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	are not an unrelated trade or bus-						
4	Tax revenues levied for the organization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities fumished by a governmental unit to						
	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons 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						
8	Add lines 7a and 7b		A CONTRACTOR OF THE PARTY OF TH	the state of the s	The Mary Fire and the	the Contract	
	ction B. Total Support	1	Γ	T	1		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						\
	Public support percentage for 2009 (column (f))		15	%
16	Public support percentage from 2008		•	*** * * *		16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 20)09 (line 10c, colui	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2009. If the						7 is not
	more than 33 1/3%, check this box a						▶∟
t	33 1/3% support tests - 2008. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization				his box and see in		<u>▶</u>

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization HENRY E. & NANCY H. BARTELS TRUST F/B/O
CORNELL UNIVERSITY

Employer identification number 22-2774533

Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, lin	e 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds						
	are the organization's property, subject to the organization's								
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor of		•						
	impermissible private benefit?		Yes No						
Pà	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990							
1	Purpose(s) of conservation easements held by the organizat								
•	Preservation of land for public use (e.g., recreation or p		istorically important land area						
	Protection of natural habitat		rtified historic structure						
	Preservation of open space	T 16361 VALIOIT OF A CE	tined instance structure						
2	Complete lines 2a through 2d if the organization held a quali	fied concentation contribution in the form	of a conservation easement on the last						
_	day of the tax year.	ned conservation contribution in the form	TOTA CONSELVATION EASEMENT ON THE IAST						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements								
h	Total acreage restricted by conservation easements								
•	Number of conservation easements on a certified historic str								
d									
3	Number of conservation easements included in (c) acquired								
3	Number of conservation easements modified, transferred, re year	neased, extinguished, or terminated by th	e organization during the tax						
4	Number of states where property subject to conservation ea	noment is legated							
5									
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements	45.11.0							
6	·								
7	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and	_							
8	Does each conservation easement reported on line 2(d) above	-							
0									
9	and section 170(h)(4)(B)(ii)?								
9	-	•							
	include, if applicable, the text of the footnote to the organiza conservation easements.	tion's financial statements that describes	s the organization's accounting for						
Pai	t III Organizations Maintaining Collections o	f Art Historical Treasures or C	Other Similar Assets						
	Complete if the organization answered "Yes" to Form	•	And office Added.						
		000,1 (11,17,1110 0.							
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and h	palance sheet works of art. historical						
10									
	treasures, or other similar assets held for public exhibition, e		ablic service, provide, in Fart Arv, the text of						
_	the footnote to its financial statements that describes these								
ь	If the organization elected, as permitted under SFAS 116, to	•							
	or other similar assets held for public exhibition, education, o	or research in turtherance of public servic	e, provide the following amounts relating to						
	these items:								
	(i) Revenues included in Form 990, Part VIII, line 1								
_	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical tre		al gain, provide						
	the following amounts required to be reported under SFAS 1	16 relating to these items:							
а									
b	Assets included in Form 990, Part X		> \$						

HENRY E. & NANCY H. BARTELS TRUST F/B/O

		UNIVERSIT				22-2	<u>77453</u>	3 P	¹ age 2
Pa	rt III Organizations Maintaining (Collections of Ar	rt, Historical T	reasures, c	or Other	Similar Ass	ets (con	tınued	<u> </u>
3	Using the organization's acquisition, access	ion, and other record	s, check any of th	e following tha	t are a sig	nificant use of it	s collection	on item	 ns
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ıms				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how they further	the organization	on's exem	pt purpose in Pa	art XIV.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m						Yes		No
Pai	rt IV Escrow and Custodial Arran	i gements. Comple	ete if organization	answered "Yes	" to Form	990, Part IV, lin	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod					cluded			
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIV								
							Amour	ıt	
C	Beginning balance	· ····· · · · · · · · · · · · ·				_1c			
d	Additions during the year	· · · · · · · · · · · · · · · · · · ·				1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete	if the organization an	swered "Yes" to F	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years bac	k (e) Fou	ır years	back
1a	Beginning of year balance			-146 44			- F-77		•
b	Contributions			44 - 51	- u	당황 원단 4일)	a	.^~,-	. ,,
С	Net investment earnings, gains, and losses			J. E. Sager		관련 병원 교			. *> 3
d	Grants or scholarships			- विक्रिक्ट					۲ -,
е	Other expenditures for facilities			THE STATE OF		医橡胶性生活	~		,
	and programs			接近に全	ીસેં ^ક ે પુર નિર્ફ	8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		,	
f	Administrative expenses			1. 15 · 15 · 15 · 15 · 15 · 15 · 15 · 15				-	
g	End of year balance			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(f. 1) Y		rich sta		
2	Provide the estimated percentage of the year	ir end balance held a	s:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C	Term endowment	%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	red for the	organization			
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?				. 3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI. Investments - Land, Building	gs, and Equipme	ent. See Form 99	0, Part X, line 1	0.				
	Description of investment	(a) Cost or ot basis (investm	, , ,	st or other s (other)		umulated eciation	(d) Boo	k valu	е
1a	Land			ļ,	(6 - 5) (5 - 6	11 25			
	Buildings								
C	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)					0.

Federal income taxes	
	•
	-
	`,
	,
Total (Column (b) must equal Form 990, Part Y, col (R) line 25.)	- '

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

HENRY E. & NANCY H. BARTELS TRUST F/B/O

	dule D (Form 990) 2009 CORNELL UNIVERSITY		<u>22-2774533</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8		8		•
9	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8	9	···· ··· ··	
		 -+	· · · · · · · · · · · · · · · · · · ·	
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		or Potum	
				
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments		 ,	
b	Donated services and use of facilities			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)		A	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)		1	
C	Add lines 4a and 4b			
_ 5 _	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses	per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b		<u> </u>	
C	Other losses 2c			
ď	Other (Describe in Part XIV.)		14.3.5.1 170.5.1	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••		
_			-	
a			 	
D	Other (Describe in Part XIV.)		—— ` <u> </u>	
	Add lines 4a and 4b		4c	
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	,	5	
	t XIV Supplemental Information		··· ·· ·· ··	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			e 4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide an	ny additional information.	
				
			·	
			. <u></u>	

CHEDULE 1	orm 990)
ပွဲ	F.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

BARTELS TRUST F/B/O

& NANCY H.

HENRY E.

Name of the organization

CORNELL UNIVERSITY

General Information on Grants and Assistance

Part I

Employer identification number Open to Public 22-2774533

Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
2 Describe in Part IV the organization's procedures for montoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant 1	funds in the United	: .				
Part II Grants and Other Assistance to Governments and Organizati	Governments and	l Organizations in the	United States. C	omplete if the orga	ınization answered "Y	ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipien	t received more tha	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant se
CORNELL UNIVERSITY 410 THURSTON AVENUE ITHACA, NY 14853	15-0532082	503(C)(3)	226,862	0			ACADEMIC & STUDENT ACTIVITY SUPPORT; SCHOLARSHIP FUNDING	FT FING
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	ind government on	ganizations		:		:		H

Schedule I (Form 990) 2009

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

HENRY E. & NANCY H. BARTELS TRUST F/B/O

Schedule I (Form 990) 2009 CORNELL. UNIVERSITY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

22-2774533

i	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					í	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	ine 2, and any other	additional information.	
932102 02-02-10	-10		23			Schedule I (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009
Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HENRY E. & NANCY H. BARTELS TRUST F/B/O Employer identification number 22-2774533 CORNELL UNIVERSITY Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (g) Written (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) In by board or person and purpose the organization? amount default? agreement? committee? To From Yes No Yes No No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance. **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No JOHN B LOEHMANN 2,450.T.M. TRUSTEE BYXBEE

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HENRY E. & NANCY H. BARTELS TRUST F/B/O CORNELL UNIVERSITY

Employer identification number 22-2774533

FORM 990, PART VI, SECTION A, LINE 2: PHILIP H BARTELS, TRUSTEE AND
KENNETH G BARTELS, TRUSTEE ARE BROTHERS
PHILIP H BARTELS, TRUSTEE, AND JOHN B LOEHMANN, TRUSTEE ARE ALSO TRUSTEES OF THE ORGANIZATIONS LISTED IN SCHEDULE R
KENNETH G BARTELS, TRUSTEE, AND JOHN B LOEHMANN, TRUSTEE ARE ALSO TRUSTEES OF THE ORGANIZATIONS LISTED IN SCHEDULE R
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEES
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO ALL TRUSTEES FOR REVIEW PRIOR TO ITS FILING
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT PREPARED.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: KENNETH G. BARTELS - 595 MADISON AVE, NEW YORK, NY 10022
PHILIP H. BARTELS - 289 GREENWICH AVE, GREENWICH, CT 06830
SUSAN H. MURPHY - 311 DAY HALL CORNELL UNIVERSITY, ITHACA, NY 14850

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HENRY E. & NANCY H. BARTELS TRUST F/B/O CORNELL UNIVERSITY

Employer identification number 22-2774533

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: JOHN B LOEHMANN
(D) DESCRIPTION OF TRANSACTION: T.M. BYXBEE COMPANY, P.C. WAS PAID
\$2,450 DURING 2009 FOR ACCOUNTING AND TAX SERVICES. JOHN B LOEHMANN, CPA
IS AN OFFICER AND SHAREHOLDER IN T.M. BYXBEE COMPANY

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public

OMB No 1545-0047

Employer identification number 22-2774533

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. BARTELS TRUST F/B/O ► Attach to Form 990. HENRY E. & NANCY H. CORNELL UNIVERSITY Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
N/A			0	0	
Part II organizations during the tax year.)	ons (Complete if the organization ans	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more r	elated tax-exempt

(e)	(g)	(0)	(9)	(e)	9
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
BARTELS TRUST P/B/O UNIVERSITY OF NEW HAVEN PROVIDE GRANTS TO THE	PROVIDE GRANTS TO THE				
- 22-2958217, PO BOX 187169, HAMDEN, CT	DNIVERSITY OF NEW HAVEN FOR				
06518	EDUCATIONAL FUNCTIONS	CONNECTICUT	501(c)(3)	110	
	PROVIDE GIFTS TO UNITED WAY				
BARTELS TRUST F/B/O PUBLIC EDUCATION -	OF GREATER NEW HAVEN TO				
06-6394456, PO BOX 187169, HAMDEN, CT 06518 SUPPORT SCHOOL PROGRAMS	SUPPORT SCHOOL PROGRAMS	CONNECTICUT	501(C)(3)	110	
	PROVIDE FUNDING TO				
BARTELS TRUST F/B/O QUINNIPLAC UNIVERSITY - QUINNIPLAC UNIVERSITY FOR	QUINNIPIAC UNIVERSITY FOR			_	
06-1385464 PO BOX 187169, HAMDEN, CT 06518 EVENTS AND OTHER SUPPORT	EVENTS AND OTHER SUPPORT	CONNECTICUT	501(C)(3)	110	
BARTELS TRUST F/B/O CHI PSI EDUCATIONAL	PROVIDE GRANTS FOR THE				
TRUST - 20-1811497, PO BOX 187169, HAMDEN	BENEFIT OF CHI PSI				
CT 06518	EDUCATIONAL TRUST	CONNECTICUT	501(c)(3)	110	

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

Schedule R (Form 990) 2009

BARTELS TRUST F/B/O HENRY E. & NANCY H.

CORNELL UNIVERSITY

Schedule R (Form 990) 2009

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

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General or managing partner? Yes No Percentage ownership Schedule R (Form 990) 2009 9 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 ate allocations? Dispropartion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) ত্ত Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ **©** Legal domicile (state or foreign country) Q (d)
(Direct controlling | Primary activity Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

HENRY E. & NANCY H. BARTELS TRUST F/B/O Schedule R (Form 990) 2009 CORNELL UNIVERSITY

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Party Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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Schedule R (F	orm 990) 2(8
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HENRY E. & NANCY H. BARTELS TRUST F/B/O

Schedule R (Form 990) 2009 CORNELL UNIVERSITY

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

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

(a)	(b)	(0)	9	(0)	(£)	(6)	ε
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share yea	e of	Code V-UBI amount in box 20	General or managing partner?
			Yes No			(Form 1065)	Yes No
							_
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Schedule R (Form 990) 2009