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<p>Form <b>990</b></p>  <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b></p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p><b>2009</b></p> <p><b>Open to Public Inspection</b></p>

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>		<b>D Employer identification number</b> 15-0532082	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> CORNELL UNIVERSITY	
		Doing Business As	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
		City or town, state or country, and ZIP + 4 ITHACA, NY 14850	
<b>F Name and address of principal officer</b> DAVID J SKORTON PRESIDENT 341 PINE TREE ROAD ITHACA, NY 14850		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ HTTP //WWW.CORNELL.EDU			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1865	<b>M</b> State of legal domicile NY





## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE UNIVERSITY'S MOST SIGNIFICANT ACTIVITIES ARE EDUCATION, RESEARCH, MEDICAL SERVICES AND OTHER PUBLIC SERVICES		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	5
	5	Total number of employees (Part V, line 2a) . . . . .	5	37,18
	6	Total number of volunteers (estimate if necessary) . . . . .	6	2,00
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	-12,446,42
	b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-8,866,38

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	234,351,440	469,311,000
	9	Program service revenue (Part VIII, line 2g)	2,170,685,420	2,331,955,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-734,405,713	307,785,139
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	340,777,992	8,509,041
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,011,409,139	3,117,560,180
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,699,487	62,977,714
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,838,163,485	1,758,101,002
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	170,417	997,210
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>49,061,112</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	897,798,605	945,249,985
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,782,831,994	2,767,325,911
	19	Revenue less expenses Subtract line 18 from line 12	-771,422,855	350,234,269
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	9,093,260,000	9,973,532,000
	21	Total liabilities (Part X, line 26)	3,020,750,000	3,276,574,000
	22	Net assets or fund balances Subtract line 21 from line 20	6,072,510,000	6,696,958,000

<b>Part II</b>	<b>Signature Block</b>
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<div> <div>Sign Here</div> </div>	<div> <div>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</div> </div>	
	<div> <div>*****</div> </div>	<div> <div>2011-05-04</div> </div>
	<div> <div>Signature of officer</div> </div>	<div> <div>Date</div> </div>
	<div> <div>JOANNE DESTEFANO V P FINANCE &amp; CFO</div> </div>	
	<div> <div>Type or print name and title</div> </div>	

<b>Paid</b>  <b>Preparer's</b>  <b>Use Only</b>	Preparer's signature 		Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 345 Park Avenue New York, NY 101540102				EIN 
					Phone no  (212) 758-9700

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

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

SEE SCHEDULE O

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code ) (Expenses \$ 763,059,652 including grants of \$ 35,907,000 ) (Revenue \$ 461,536,000 )
	SEE SCHEDULE O

4b	(Code ) (Expenses \$ 685,352,879 including grants of \$ 0 ) (Revenue \$ 557,179,000 )
	MEDICAL SERVICES, INCLUDING THE EDUCATION AND TRAINING OF PHYSICIANS, IS A MAJOR COMPONENT OF THE UNIVERSITY'S MISSION. WEILL CORNELL MEDICAL COLLEGE WAS FOUNDED IN 1898 AND HAS BEEN AFFILIATED WITH NEW YORK PRESBYTERIAN HOSPITAL SINCE 1927. THE PHYSICIAN ORGANIZATION IS AN INTEGRAL PART OF THE MEDICAL SCHOOL AND PROVIDES THE PATIENT BASE ESSENTIAL FOR TEACHING, RESEARCH AND CLINICAL SERVICES.






















4c	(Code ) (Expenses \$ 631,696,097 including grants of \$ 0 ) (Revenue \$ 679,492,000 )
	RESEARCH, BOTH BASIC AND APPLIED, IS A PRIMARY MISSION OF THE UNIVERSITY. CORNELL'S FACULTY AND STUDENTS ARE RECOGNIZED WORLD WIDE FOR THEIR RESEARCH IN SCIENCE, ENGINEERING, MEDICINE, BUSINESS, LAW AND THE ARTS. NOTE: THE REVENUES ABOVE INCLUDE \$542 MILLION IN DIRECT REVENUES AND \$137 MILLION INDIRECT COST RECOVERIES. NOTE: APPROXIMATELY 85% OF THE GRANT AND CONTRACT REVENUES ABOVE SUPPORT RESEARCH WITH THE BALANCE OF THE SUPPORT MORE CLOSELY IDENTIFIED TO INSTRUCTION AND/OR PUBLIC SERVICE.

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 442,018,414 including grants of \$ 0 ) (Revenue \$ 633,748,000 )

4e	Total program service expenses \$ 2,522,127,042
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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	Yes					
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes					
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		No				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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		No				
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		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes					
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		No				
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	Yes					
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	Yes					
	• 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.							
	• 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.							
	• 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.							
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		No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>12A Yes</td></tr></table>	Yes	No		12A Yes			
Yes	No							
	12A Yes							
	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	Yes					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes					
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	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 	15	Yes					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 	16	Yes					
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	Yes					
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	Yes					
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		No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No				

Part IV

Checklist of Required Schedules (continued)

21	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	27,219	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	37,186	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
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	Yes
b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c 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	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a 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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	64	
b	Enter the number of voting members that are independent . . .	1b	54	
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
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		No

Section 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		No
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ UNIVERSITY CONTROLLER 341 PINE TREE ROAD ITHACA, NY 148502820 (607) 255-3581

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

• 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 the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)



<b>1b Total</b>	18,298,152	0	1,941,197
-----------------	------------	---	-----------

**2**

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶3,093

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<b>5</b>	No

**Section B. Independent Contractors**

**1**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
LECHASE CONSTRUCTION SERVICES LLC 72 CASCADE DRIVE ROCHESTER, NY 14614	CONSTRUCTION SVCS	16,368,537
GILBANE BUILDING COMPANY 16 CORPORATE WOOD BLVD ALBANY, NY 12211	CONSTRUCTION SVCS	12,821,188
575 LEXINGTON ACQUISITION LLC 575 LEXINGTON AVE-LOBBY LEVEL NEW YORK, NY 10022	REAL ESTATE MANAGT	6,735,432
TURNER CONSTRUCTION 22 CORPORATE WOODS BLVD 4TH FLOOR ALBANY, NY 12211	CONSTRUCTION SVCS	3,666,834
MEDIA LOGIC USA LLC ONE PARK PLACE ALBANY, NY 12205	VARIOUS WEB SERVICES	1,807,884

**2**

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶84

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	2,352,667			
	c	Fundraising events . . . . .	1c	692,205			
	d	Related organizations . . . .	1d	5,470,728			
	e	Government grants (contributions)	1e	25,824,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	434,971,400			
	g	Noncash contributions included in lines 1a-1f \$ 26,306,536					
	h	Total. Add lines 1a-1f . . . . .		469,311,000			
Program Service Revenue			Business Code				
	2a	EDUCATION TUITION	900,099	461,536,000	461,536,000		
	b	RESEARCH	900,099	679,492,000	679,492,000		
	c	MEDICAL SERVICES	900,099	557,179,000	557,179,000		
	d	LAND GRANT GOVT APPROP	900,099	176,559,000	176,559,000		
	e	AUXILIARY ENT -DORM/MEAL PLAN)	900,099	152,440,000	152,440,000		
	f	All other program service revenue		304,749,000	304,749,000		
	g	Total. Add lines 2a-2f . . . . .		2,331,955,000			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .					
				89,336,251		-12,535,167	101,871,418
	4	Income from investment of tax-exempt bond proceeds . . .			962,984		962,984
	5	Royalties . . . . .			1,975,597		1,975,598
	6a	(i) Real		(ii) Personal			
		Gross Rents	71,169				
		b Less rental expenses	6,045				
		c Rental income or (loss)	65,124				
	d	Net rental income or (loss) . . . . .		65,124			65,124
	7a	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory	21,438,356,000				
		b Less cost or other basis and sales expenses	21,220,870,096				
		c Gain or (loss)	217,485,904				
	d	Net gain or (loss) . . . . .		217,485,904			217,485,904
	8a	Gross income from fundraising events (not including \$ 692,205 of contributions reported on line 1c) See Part IV, line 18 . . . .					
			a	446,530			
	b	Less direct expenses . . . .		b	358,840		
c	Net income or (loss) from fundraising events . . .			87,690		87,690	
9a	Gross income from gaming activities See Part IV, line 19 . . . .						
		a					
b	Less direct expenses . . . .		b				
c	Net income or (loss) from gaming activities . . .			0			
10a	Gross sales of inventory, less returns and allowances . . . .						
		a	23,208,703				
b	Less cost of goods sold . . . .		b	16,828,073			
c	Net income or (loss) from sales of inventory . . .			6,380,630	6,291,890	88,740	
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			0			
12	Total revenue. See Instructions . . . . .			3,117,560,180	2,338,246,890	-12,446,427	322,448,718

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	19,736,378	19,736,378		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	35,907,000	35,907,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	7,334,336	7,334,336		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,477,204	867,022	990,881	619,301
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	1,424,111	498,439	569,644	356,028
7	Other salaries and wages	1,397,401,687	1,262,464,963	111,792,135	23,144,589
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	130,636,100	117,572,490	10,450,888	2,612,722
9	Other employee benefits . . . . .	121,653,020	109,487,718	9,732,242	2,433,060
10	Payroll taxes . . . . .	104,508,880	94,057,992	8,360,710	2,090,178
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	588,746	588,746		
c	Accounting . . . . .	913,692	913,692		
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	997,210			997,210
f	Investment management fees . . . . .	9,407,206		9,407,206	
g	Other . . . . .	53,289,044	52,223,263		1,065,781
12	Advertising and promotion . . . . .	360,500	353,290		7,210
13	Office expenses . . . . .	64,170,000	57,753,000	5,133,600	1,283,400
14	Information technology . . . . .	13,985,340	12,586,806	1,118,827	279,707
15	Royalties . . . . .	1,236,000	1,236,000		
16	Occupancy . . . . .	132,226,000	125,810,280	3,771,200	2,644,520
17	Travel . . . . .	35,310,000	28,954,200	2,824,800	3,531,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	14,436,231	12,992,608	1,154,898	288,725
20	Interest . . . . .	59,791,000	59,791,000		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	179,234,000	161,310,600	14,338,720	3,584,680
23	Insurance . . . . .	15,934,999	14,331,099	1,283,120	320,780
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	COMMUNICATION	19,050,000	17,145,000	1,524,000	381,000
b	REPAIRS & MAINT	67,743,000	60,968,700	5,419,440	1,354,860
c	LAB SUPPLIES & RESEARCH MATRL	181,717,000	181,717,000		
d	MISC SUPPL	13,483,071	12,134,764	1,078,646	269,661
e	ALL OTHER EXPENSES	82,374,156	73,390,656	7,186,800	1,796,700
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,767,325,911	2,522,127,042	196,137,757	49,061,112
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,930,169	1	1,089,172
	2	Savings and temporary cash investments . . . . .			216,778,831	2	122,325,828
	3	Pledges and grants receivable, net . . . . .			425,375,000	3	557,926,000
	4	Accounts receivable, net . . . . .			314,494,000	4	386,554,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			70,535,000	7	69,994,000
	8	Inventories for sale or use . . . . .			9,357,165	8	8,749,379
	9	Prepaid expenses and deferred charges . . . . .			42,571,835	9	39,806,621
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,968,976,000	2,846,850,000	10c	3,056,633,000
	b	Less accumulated depreciation . . . . .	10b	1,912,343,000			
	11	Investments—publicly traded securities . . . . .			1,357,153,000	11	1,688,549,000
	12	Investments—other securities See Part IV, line 11 . . . . .			3,716,701,000	12	3,944,635,000
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			91,514,000	15	97,270,000
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			9,093,260,000	16	9,973,532,000
Liabilities	17	Accounts payable and accrued expenses . . . . .			370,099,000	17	421,385,000
	18	Grants payable . . . . .			46,536,000	18	47,353,000
	19	Deferred revenue . . . . .			242,409,000	19	203,060,000
	20	Tax-exempt bond liabilities . . . . .			1,060,220,000	20	1,318,335,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			645,158,000	23	612,247,000
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			656,328,000	25	674,194,000
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,020,750,000	26	3,276,574,000
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			3,186,340,000	27	3,508,534,000
	28	Temporarily restricted net assets . . . . .			856,515,000	28	971,503,000
	29	Permanently restricted net assets . . . . .			2,029,655,000	29	2,216,921,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			6,072,510,000	33	6,696,958,000
	34	Total liabilities and net assets/fund balances . . . . .			9,093,260,000	34	9,973,532,000

**Part XI**    **Financial Statements and Reporting**

		<b>Yes</b>	<b>No</b>
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	<b>2c</b>	Yes
<b>d</b>	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	Yes
<b>b</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 . . .	<b>3b</b>	Yes

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
CORNELL UNIVERSITY

Employer identification number  
15-0532082

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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 securities 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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions )

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

20**Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

☐



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J SKORTON PRESIDENT & EX OFFICIO TRUSTEE	55 0	X		X				686,843	0	175,107
ELIZABETH J ALTMAN TRUSTEE	1 0	X						0	0	0
STEPHEN B BASHLEY TRUSTEE	1 0	X						0	0	0
ROSEMARY JANE AVERY TRUSTEE	55 0	X						207,627	0	36,645
JESSICA W BIBLIOWICZ TRUSTEE	1 0	X						0	0	0
C MORTON BISHOP III TRUSTEE	1 0	X						0	0	0
FRANCI J BLASSBERG TRUSTEE	1 0	X						0	0	0
SAMUEL W BODMAN III TRUSTEE	1 0	X						0	0	0
RICHARD L BOOTH TRUSTEE	1 0	X						0	0	0
KELLY J BROWN TRUSTEE	1 0	X						0	0	0
DWIGHT L BUSH SR TRUSTEE	1 0	X						0	0	0
RONNIE S CHERNOFF TRUSTEE	1 0	X						0	0	0
EZRA CORNELL TRUSTEE	1 0	X						0	0	0
ASA J CRAIG TRUSTEE	15 0	X						4,680	0	0
DAVID D CROLL TRUSTEE	1 0	X						0	0	0
DIANA M DANIELS VICE CHAIRMAN	1 0	X						0	0	0
IRA DRUKIER TRUSTEE	1 0	X						0	0	0
WILLIAM V EATON TRUSTEE	1 0	X						0	0	0
RONALD EHRENBERG TRUSTEE	55 0	X						273,418	0	46,651
STEPHEN J ETTINGER TRUSTEE	1 0	X						0	0	0
DAVID R FISCHELL TRUSTEE	1 0	X						0	0	0
CHERYL A FRANCIS TRUSTEE	1 0	X						0	0	0
BLANCHE S GOLDENBERG TRUSTEE	1 0	X						0	0	0
KENNETH A GOLDMAN TRUSTEE	1 0	X						0	0	0
PAUL A GOULD TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA E HARRIS TRUSTEE	1 0	X						0	0	0
ROBERT S HARRISON N TRUSTEE	1 0	X						0	0	0
DENIS M HUGHES TRUSTEE	1 0	X						0	0	0
ROBERT J KATZ VICE CHAIRMAN	1 0	X						0	0	0
MARCUS H LOO TRUSTEE	1 0	X						0	0	0
RONALD D MCCRAY TRUSTEE	1 0	X						0	0	0
BETH MCKINNEY TRUSTEE	55 0	X						55,180	0	22,998
PETER MEING CHAIRMAN	1 0	X						0	0	0
HOWARD P MILSTEIN TRUSTEE	1 0	X						0	0	0
ELIZABETH D MOORE TRUSTEE	1 0	X						0	0	0
N R NARAYANA MURTHY TRUSTEE	1 0	X						0	0	0
JOHN A NOBLE TRUSTEE	1 0	X						0	0	0
PETER J NOLAN TRUSTEE	1 0	X						0	0	0
LUBNA SULIMAN OLAYAN TRUSTEE	1 0	X						0	0	0
ARMANDO J OLIVERA TRUSTEE	1 0	X						0	0	0
DONALD C OPATRNY TRUSTEE	1 0	X						0	0	0
DAVID PATERSON EX OFFICIO	1 0	X						0	0	0
WILLIAM D PEREZ TRUSTEE	1 0	X						0	0	0
BRUCE S RAYNOR TRUSTEE	1 0	X						0	0	0
PHILIP R REILLY TRUSTEE	1 0	X						0	0	0
IRENE B ROSENFELD TRUSTEE	1 0	X						0	0	0
JEROLD R RUDERMAN TRUSTEE	1 0	X						0	0	0
ROBERT L RYAN TRUSTEE	1 0	X						0	0	0
PAUL A SALVATORE TRUSTEE	1 0	X						0	0	0
SHELDON SILVER EX OFFICIO	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MALCOLM A SMITH EX OFFICIO	1 0	X						0	0	0	
SHERRI K STUEWER TRUSTEE	1 0	X						0	0	0	
MARTIN Y TANG TRUSTEE	1 0	X						0	0	0	
RATAN N TATA TRUSTEE	1 0	X						0	0	0	
LISA SKEETE TATUM TRUSTEE	1 0	X						0	0	0	
ANDREW H TISCH TRUSTEE	1 0	X						0	0	0	
M EILEEN MCMANUS WALKER TRUSTEE	1 0	X						0	0	0	
MICHAEL J WALSH TRUSTEE	15 0	X						27,958	0	0	
BARTON J WINOKUR TRUSTEE	1 0	X						0	0	0	
SHERYL WUDUNN TRUSTEE	1 0	X						0	0	0	
CRAIG YUNKER TRUSTEE	1 0	X						0	0	0	
MICHAEL J ZAK TRUSTEE	1 0	X						0	0	0	
DAVID W ZALAZNICK VICE CHAIRMAN	1 0	X						0	0	0	
JAN ROCK ZUBROW VICE CHAIRMAN	1 0	X						0	0	0	
W KENT FUCHS PROVOST	55 0			X				526,384	0	46,555	
ANTONIO M GOTTO JR DEAN	55 0			X				407,056	0	1,017,054	
JO ANNE M DESTEFANO VP FINANCE AND CFO	55 0			X				288,367	0	40,000	
JAMES J MINGLE UNIVERSITY COUNSEL	55 0			X				425,653	0	41,324	
JAMES H WALSH CHIEF INVESTMENT OFFICER	55 0				X			514,276	0	42,645	
DANIEL M KNOWLES MD CHAIR & PROF OF PATHOLOGY	55 0				X			1,052,734	0	61,204	
PAK H CHUNG MD PROFESSOR OF REPRODUCTIVE MED	55 0					X		2,025,909	0	54,759	
ISAAC KLIGMAN MD PROFESSOR OF REPRODUCTIVE MED	55 0					X		1,872,726	0	62,976	
ZEV ROSENWAKS MD PROFESSOR OF REPRODUCTIVE MED	55 0					X		3,608,445	0	66,715	
PHILIP E STEIG MD CHAIR AND PROF OF NEUROLOGY	55 0					X		2,711,266	0	70,558	
STEVEN D SPANDORFER MD PROFESSOR OF REPRODUCTIVE MED	55 0					X		2,777,967	0	59,856	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUNTER RAWLINGS III PRESIDENT EMERITUS	55 0						X	301,830	0	38,159
STEPHEN T GOLDING EXECUTIVE VICE PRESIDENT	55 0						X	529,833	0	57,991

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
EDUCATION TUITION	900,099	461,536,000	461,536,000		
RESEARCH	900,099	679,492,000	679,492,000		
MEDICAL SERVICES	900,099	557,179,000	557,179,000		
LAND GRANT GOVT APPROP	900,099	176,559,000	176,559,000		
AUXILIARY ENT -DORM/MEAL PLAN)	900,099	152,440,000	152,440,000		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COMMUNICATION	19,050,000	17,145,000	1,524,000	381,000
REPAIRS & MAINT	67,743,000	60,968,700	5,419,440	1,354,860
LAB SUPPLIES & RESEARCH MATRL	181,717,000	181,717,000		
MISC SUPPL	13,483,071	12,134,764	1,078,646	269,661
ALL OTHER EXPENSES	82,374,156	73,390,656	7,186,800	1,796,700

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization CORNELL UNIVERSITY	Employer identification number 15-0532082
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

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



Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					



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.**

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
CORNELL UNIVERSITY

Employer identification number

15-0532082

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 9,341,647
	(ii) Assets included in Form 990, Part X	▶ \$ 70,615,692
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ 0
b	Assets included in Form 990, Part X	▶ \$ 0

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	3,836,289,000	5,248,009,000			
b Contributions . . . . .	109,055,000	249,810,000			
c Investment earnings or losses . . . . .	393,907,000	-1,369,893,000			
d Grants or scholarships . . . . .	-26,326,325	-30,545,000			
e Other expenditures for facilities and programs . . . . .	-129,429,505	-150,170,000			
f Administrative expenses . . . . .	-39,769,170	-46,142,000			
g End of year balance . . . . .	4,534,776,000	4,354,783,000			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 48.000 %

b

Permanent endowment ▶ 44.000 %

c

Term endowment ▶ 8.000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		22,855,964		22,855,964
b Buildings . . . . .		3,366,968,036	1,450,451,132	1,916,516,904
c Leasehold improvements . . . . .				
d Equipment . . . . .		1,072,201,000	461,891,868	610,309,132
e Other . . . . .		506,951,000	0	506,951,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				3,056,633,000



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,117,560,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,767,325,911
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	350,234,269
4	Net unrealized gains (losses) on investments	4	245,951,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	28,262,731
9	Total adjustments (net) Add lines 4 - 8	9	274,213,731
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	624,448,000

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	3,428,717,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	245,951,000
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	124,823,820
e	Add lines 2a through 2d . . . . .	2e	370,774,820
3	Subtract line 2e from line 1 . . . . .	3	3,057,942,180
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	59,618,000
c	Add lines 4a and 4b . . . . .	4c	59,618,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	3,117,560,180

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	2,804,269,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	36,943,089
e	Add lines 2a through 2d . . . . .	2e	36,943,089
3	Subtract line 2e from line 1 . . . . .	3	2,767,325,911
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,767,325,911

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident ifier	Return Reference	Explanation
PART III 4		DESCRIPTION OF THE ART MUSEUM COLLECTION AND FURTHERANCE OF EXEMPT PURPOSES THE PERMANENT COLLECTION OF THE HERBERT F JOHNSON MUSEUM OF ART IS PARTICULARLY NOTED IN THE AREA OF ASIAN ART, 19TH AND 20TH CENTURY AMERICAN ART AND THE GRAPHIC ARTS THE COLLECTION IS IMPORTANT TO TEACHING, RESEARCH AND PUBLIC OUTREACH THE MUSEUM'S CALENDAR OF EVENTS, TOURS, WORKSHOPS AND EDUCATIONAL PROGRAMS IS AVAILABLE ON THE MUSEUM'S WEB PAGES TO ENSURE MAXIMUM USE OF THE COLLECTION FOR EDUCATION AND OUTREACH
Part V Line 4		USES FOR THE ENDOWMENT THE UNIVERSITY'S ENDOWMENT CONSISTS PRIMARILY OF PERMANENT ENDOWMENT AND FUNDS FUNCTIONING AS ENDOWMENT THE ENDOWMENT SUPPORTS ENDOWED CHAIRS FOR FACULTY, FINANCIAL AID FOR UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS WITH THE MAJORITY FOR UNDERGRADUATE AID, AND VARIOUS INSTITUTIONAL PROGRAMS SUCH AS LIBRARY, MUSEUM AND ACADEMIC SUPPORT
PART VI		THE UNIVERSITY RECORDS INVESTMENT REAL ESTATE AS "INVESTMENTS" NOT LAND AND BUILDINGS
PART XI Line 8		OTHER ADJUSTMENTS OF \$28,262,731 INCLUDE THE NET SUBSIDIARY ADJUSTMENT FOR INCOME/EXPENSE OF \$71,674,731, FMV ADJUSTMENT FOR SPLIT INTEREST AGREEMENTS OF \$16,206,000 AND THE FMV ADJUSTMENT FOR DEBT (LOSS)SWAP AGREEMENTS OF \$59,618,000
Part XII Line 1		OPERATING REVENUES PER AUDITED FINANCIAL STATEMENTS WERE \$2,938,115,000 AND NON OPERATING (NET) REVENUES WERE \$490,602,000 FOR TOTAL REVENUES OF \$3,428,717,000
Part XII Line 2 d		ADJUSTMENT OF \$124,823,820 INCLUDES THE ADJUSTMENT FOR SUBSIDIARY REVENUES OF \$108,617,820, AND \$16,206,000 FOR THE UNREALIZED GAIN ON SPLIT INTERESTS
Part XII Line 4 b		ADJUSTMENT OF \$59,618,000 IS THE A LOSS ON DEBT SWAPS
Part XIII Line 2 d		ADJUSTMENT IN THE AMOUNT OF \$36,943,089 REPRESENTS SUBSIDIARY EXPENSES

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

<b>Name of the organization</b> CORNELL UNIVERSITY	<b>Employer identification number</b> 15-0532082
---	---

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain SEE SCHEDULE O	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?  <b>b</b> Admissions policies?  <b>c</b> Employment of faculty or administrative staff?  <b>d</b> Scholarships or other financial assistance?  <b>e</b> Educational policies?  <b>f</b> Use of facilities?  <b>g</b> Athletic programs?  <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	





Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			East Asia/Pacific		1,033,261	CHK/WIRE			
			Europe/Iceland/Greenland		851,274	CHK/WIRE			
			Middle East/North Africa	RESEARCH	905,214	CHK/WIRE			
			North America		1,234,959	CHK/WIRE			
			Russia	RESEARCH	73,600	CHK/WIRE			
			South America		1,032,589	CHK WIRE			
			South Asia		794,272	CHK/WIRE			
			Sub-Saharan Africa	RESEARCH	1,305,168	CHK/WIRE			

2

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

38

3

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

0

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANT GRADUATE STUDENTS	Cent America/Caribbean	5			5,417	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	East Asia/Pacific	25			27,083	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	Europe/Iceland/Greenland	21			22,750	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	North America	5			5,417	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	Russia	1			1,083	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	South America	13			14,083	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	South Asia	10			10,833	AIR TICKETS	COST
TRAVEL GRANT GRADUATE STUDENTS	Sub-Saharan Africa	16			17,333	AIR TICKETS	COST

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: CORNELL UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	5	Program Services	MED, SERV & TRNG	1,465,814
East Asia and the Pacific	1	1	Program Services	Education	429,426
Europe (Including Iceland and Greenland)	6	1	Program Services	Education	6,828,549
Middle East and North Africa	2	275	Program Services	Research	71,103,634
South America	0	2	Program Services	Research	488,695
South Asia	1	0	Program Services	Cornell Abroad, Edu	172,514
Sub-Saharan Africa	0	3	Program Services	Education & Research	383,425
Central America and the Caribbean	0	0	Investments	N/A	
Europe (Including Iceland and Greenland)	0	0	Investments	N/A	
Central America and the Caribbean	0	0	Grantmaking	N/A	5,417
Middle East and North Africa	0	0	Grantmaking	N/A	905,214
East Asia and the Pacific	0	0	Grantmaking	N/A	1,060,344
Europe (Including Iceland and Greenland)	0	0	Grantmaking	N/A	874,024
North America	0	0	Grantmaking	N/A	1,240,376
Russia and the Newly Independent States	0	0	Grantmaking	N/A	74,683
South America	0	0	Grantmaking	N/A	1,046,672
South Asia	0	0	Grantmaking	N/A	805,105
Sub-Saharan Africa	0	0	Grantmaking	N/A	1,322,501

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
CORNELL UNIVERSITY

Employer identification number  
15-0532082

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRENZEBACH GLIER AND ASSOC	CONSULTING		No		145,710	
COMMUNITY CONSULTING SERVICE	CONSULTING		No		819,000	
JFM GROUP	CONSULTING		No		32,500	
Total . . . . . ▶					997,210	

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER EVENT</u> (event type)	 (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	1,138,735		1,138,735
	2	Less Charitable contributions . . . .	692,205		692,205
	3	Gross income (line 1 minus line 2) . . . .	446,530		446,530
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	26,608		26,608
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	332,232		332,232
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CORNELL UNIVERSITY

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
15-0532082

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes

☒ No
- 2

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part 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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

▶ 166

3

Enter total number of other organizations . . . . .

▶ 15



**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 Schedule I-1 (Form 990) if additional space is needed.

[illegible]

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACDS RESEARCH INC9813 GLENMARK ROAD NORTH ROSE,NY 14516	16-1435226		54,750				RESEARCH GRANT
ALFRED UNIVERSITY1 SAXON DRIVE ALFRED,NY 14802	16-0743900	501(c)(3)	8,900				RESEARCH GRANT
AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES1629 K STREET NW SUITE 950 WASHINGTON,DC 20006	52-1930174	501(c)(3)	50,000				RESEARCH GRANT
AMERICAN BIRD CONSERVANCY (ABC)PO BOX 249 THE PLAINS,VA 20198	52-1501259	501(c)(3)	85,456				RESEARCH GRANT
BAAR-SCIENTIFIC LLC6374 ROUTE 89 ROMULUS,NY 14541	14-1878299	501(c)(3)	16,000				RESEARCH GRANT
BALL AEROSPACE AND TECHNOLOGIES CORPRA-2 1600 COMMERCE ST/PO BOX 1062 BOULDER,CO 80306	84-1315001		15,168				RESEARCH GRANT
BARNARD COLLEGE3009 BROADWAY NEWYORK,NY 100276598	13-1628149	501(c)(3)	11,255				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTER330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(c)(3)	236,500				RESEARCH GRANT
BIODEVELOPMENTS-INTERNATIONAL INSTITUTEPO BOX 4235 ITHACA,NY 14852	33-0996961	501(c)(3)	45,616				RESEARCH GRANT
BOWLING GREEN STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS AND RE 106 UNIVERSITY HALL BOWLING GREEN,OH 434030230	34-6402018	STATE OF OH	31,801				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYCE THOMPSON INSTITUTE FOR PLANT RESEARCH100 BOYCE THOMPSON TOWER ROAD ITHACA,NY 14853	13-1739923	501(c)(3)	423,106				RESEARCH GRANT
BRADLEY UNIVERSITY1501 W BRADLEY AVENUE 215 BRADLEY PEORIA,IL 616250313	37-0661949	501(c)(3)	8,361				RESEARCH GRANT
CARNEGIE MELLON UNIVERSITY5000 FORBES AVENUE PITTSBURGH,PA 15213	25-0969449	501(c)(3)	95,620				RESEARCH GRANT
CARY INSTITUTE OF ECOSYSTEM STUDIESBOX AB 2801 SHARON TURNPIKE MILLBROOK,NY 125450129	22-3232968	501(c)(3)	212,290				RESEARCH GRANT
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501(c)(3)	252,103				RESEARCH GRANT
CHILD TRENDS INC4301 CONNECTICUT AVE NW SUITE 35 WASHINGTON,DC 20008	13-2982969	501(c)(3)	76,998				RESEARCH GRANT
CITY HARVEST INC575 8TH AVENUE 4TH FLOOR NEW YORK,NY 10018	13-3170676	501(c)(3)	68,022				RESEARCH GRANT
CLARKSON UNIVERSITY8 CLARKSON AVENUE PO BOX 5630 POTSDAM,NY 136995630	15-0543659	501(c)(3)	24,001				RESEARCH GRANT
COLD SPRING HARBOR LABORATORY1 BUNGTOWN ROAD COLD SPRING HARBOR,NY 11724	11-2013303	501(c)(3)	722,459				RESEARCH GRANT
COLGATE UNIVERSITYG6 JAMES B COLGATE HALL 13 OAK DR HAMILTON,NY 133461398	15-0532078	501(c)(3)	15,335				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLLEGE OF CHARLESTON 66 GEORGE ST CHARLESTON,SC 29424	57-6000265	501(c)(3)	16,014				RESEARCH GRANT
COLORADO STATE UNIVERSITY601 SOUTH HOWES ST 408 UNIVERSITY SERVICES CENTER FORT COLLINS,CO 805232002	84-6000545	STATE OF CO	169,320				RESEARCH GRANT
COLUMBIA UNIVERSITY RESEARCH ADMINISTRATION 1210 AMSTE MC 2205 ROOM 254 ENGINEERING TERRA NEW YORK,NY 10027	13-5598093	501(c)(3)	382,114				RESEARCH GRANT
CARE & ADVOCACY FOR PERSONS WITH DISABILITIES401 STATE STREET SCHENECTADY,NY 123052397	14-6013200	501(c)(3)	104,760				RESEARCH GRANT
CORNELL COOPERATIVE EXTENSION840 UPPER FRONT STREET BINGHAMTON,NY 139054500	14-6271874	501(c)(3)	53,120				RESEARCH GRANT
CORNELL COOPERATIVE EXTENSION425 PENNSYLVANIA AVENUE ELMIRA,NY 149011766	16-6072875	501(c)(3)	66,774				RESEARCH GRANT
CORNELL COOPERATIVE EXTENSION121 SECOND STREET ORISKANY,NY 134249799	16-6072888	501(c)(3)	5,629				RESEARCH GRANT
CORNELL COOPERATIVE EXTENSION423 GRIFFING AVENUE SUITE 100 RIVERHEAD,NY 119013071	11-6081424	501(c)(3)	19,633				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF RESEARCH SUPPORT 2200 WE DURHAM,NC 27705	56-0532129	501(c)(3)	91,937				RESEARCH GRANT
ECOAGRICULTURE PARTNERS730 11TH ST NW 301 WASHINGTON,DC 20001	31-1604142	501(c)(3)	51,192				RESEARCH GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FEI COMPANY5350 NE DAWSON CREEK DRIVE HILLSBORO ,OR 97124	93-0621989		66,949				RESEARCH GRANT
FRANKLIN & MARSHALL COLLEGEPO BOX 3003 LANCASTER,PA 176043003	23-1352635	501(c)(3)	14,518				RESEARCH GRANT
GEORGIA TECH RESEARCH CORPORATION505 TENTH STREET NW ATLANTA,GA 303320420	58-0603146	501(c)(3)	128,935				RESEARCH GRANT
GMA SCIENCE AND EDUCATION FOUNDATION 1350 I STREET NW SUITE 300 WASHINGTON,DC 20005	52-2088235	501(c)(3)	11,083				RESEARCH GRANT
HEALTH RESEARCH INC RIVERVIEW CENTER 150 BROADWAY SUI MENANDS,NY 122042719	14-1402155	501(c)(3)	108,265				RESEARCH GRANT
HOWARD UNIVERSITY OFFICE OF SPONSORED PROGRAMS 576 W WASHINGTON,DC 20059	53-0204707	501(c)(3)	76,945				RESEARCH GRANT
HUBBARD BROOK RESEARCH FOUNDATION 16 BUCK RD HANOVER,NH 03755	02-0474938	501(c)(3)	10,295				RESEARCH GRANT
INDIANA UNIVERSITY OF PENNSYLVANIA107E STRIGHT HALL 210 SOUTH TENTH INDIANA,PA 15701	25-1470695	501(c)(3)	12,000				RESEARCH GRANT
INFO USE2560 9TH STREET SUITE 320 BERKELEY,CA 949770544	68-0053526		49,952				RESEARCH GRANT
INSTITUTE FOR LEARNING INNOVATION3168 BRAVERTON STREET SUITE 280 EDGEWATER,MD 21037	51-1467051	501(c)(3)	58,739				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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IOWA STATE UNIVERSITY 1138 PEARSON AMES,IA 500112207	42-6004224	STATE OF IA	43,059				RESEARCH GRANT
ITHACA COLLEGE130 ALUMNI HALL ITHACA COLLEGE ITHACA,NY 148507006	15-0532204	501(c)(3)	12,000				RESEARCH GRANT
JOAN AND SANFORD I WEILL MEDICAL COLLEGE OFFICE OF RESEARCH AND SPONSORED PR 1300 YORK AVENUE BOX 89 NEW YORK,NY 10021	13-1623978	501(c)(3)	55,161				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY615 N WOLFE STREET SUITE W1100 BALTIMORE,MD 21205	52-0595110	501(c)(3)	187,712				RESEARCH GRANT
KANSAS STATE UNIVERSITY2 FAIRCHILD HALL MANHATTAN,KS 665061103	48-0667209	STATE OF KS	165,338				RESEARCH GRANT
LEHIGH UNIVERSITY526 BRODHEAD AVENUE BETHLEHEM,PA 180153046	24-0795445	501(c)(3)	62,278				RESEARCH GRANT
LOUISIANA STATE UNIVERSITY202 HIMES HALL BATON ROUGE,LA 708032701	72-6000720	STATE OF LA	38,617				RESEARCH GRANT
MARINE ACOUSTICS INC 809 AQUIDNECK AVE MIDDLETOWN,RI 02842	04-2993452		37,177				RESEARCH GRANT
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE,WI 532011181	39-0806251	501(c)(3)	60,636				RESEARCH GRANT
MATHEMATICA POLICY RESEARCH INCPO BOX 2393 PRINCETON,NJ 08543	22-2112296		340,633				RESEARCH GRANT

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MIAMI UNIVERSITY102 ROUEBUSH HALL OXFORD, OH 450563653	31-6402089	STATE OF OH	138,811				RESEARCH GRANT
MICHIGAN STATE UNIVERSITYCONTRACT GRANT ADMINISTRATION 301 J HANNAH ADMINISTRATION BLDG E LANSING, MI 488241046	38-6005984	STATE OF MI	214,830				RESEARCH GRANT
MICHIGAN TECHNOLOGICAL UNIVERSITYRESEARCH SPONSORED PROGRAMS 308 ADMINISTRATION BLDG 1400 TOWNS HOUGHTON, MI 499311295	38-6005955	STATE OF MI	15,464				RESEARCH GRANT
MISSOURI STATE UNIVERSITY901 SOUTH NATIONAL AVENUE CARRINGT SPRINGFIELD, MO 65897	44-6000308	STATE OF MO	23,674				RESEARCH GRANT
MONTCLAIR STATE UNIVERSITYOFFICE OF RESEARCH SPONSORED PROG COLLEGE HALL 307 MONTCLAIR, NJ 07043	22-2912682	STATE OF NJ	23,222				RESEARCH GRANT
NANO TERRA790 MEMORIAL DRIVE SUITE 202 CAMBRIDGE, MA 02139	20-8990523		65,000				RESEARCH GRANT
NEW MEXICO STATE UNIVERSITYPO BOX 30001 MSC 3AFR LAS CRUCES, NM 880038001	85-6000401	STATE OF NM	15,283				RESEARCH GRANT
NORTH CAROLINA STATE UNIVERSITY2701 SULLIVAN DRIVE SUITE 240 CAM RALEIGH, NC 276957514	56-6000756	STATE OF NC	276,147				RESEARCH GRANT
NE ORGANIC FARMING ASSOC OF NYPO BOX 880 COBBLESKILL, NY 12043	03-0259137	501(c)(3)	33,238				RESEARCH GRANT
NORTHEASTERN UNIVERSITY360 HUNTINGTON AVENUE 960 RENAISSA BOSTON, MA 021155000	04-1679980	501(c)(3)	28,780				RESEARCH GRANT

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NORTHWEST RESEARCH ASSOCIATES INC4118 148TH AVENUE NE REDMOND, WA 98052	91-1291143		42,675				RESEARCH GRANT
NORTHWESTERN UNIVERSITY633 CLARK STREET SUITE 2-502 EVANSTON, IL 602081110	36-2167817	501(c)(3)	28,624				RESEARCH GRANT
OFS LABORATORIES LLC19 SCHOOLHOUSE ROAD SOMERSET, NJ 08873	16-1745377		118,220				RESEARCH GRANT
OHIO WESLEYAN UNIVERSITY61 S SANDUSKY STREET DELAWARE, OH 43015	31-4379585	501(c)(3)	33,716				RESEARCH GRANT
OREGON STATE UNIVERSITYPO BOX 1086 CORVALLIS, OR 973811086	93-1070707	STATE OF OR	142,695				RESEARCH GRANT
PALEONTOLOGICAL RESEARCH INSTITUTION 1259 TRUMANSBURG ROAD ITHACA, NY 14850	15-0554849	501(c)(3)	122,935				RESEARCH GRANT
PENNSYLVANIA STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 110 TECHNOLOGY CENTER BLDG UNIVERSITY PARK, PA 168027000	24-6000376	501(c)(3)	605,923				RESEARCH GRANT
PIXELDUST STUDIO LLC 4922 FAIRMONT AVE STE 330 BETHESDA, MD 20814	38-3714297		118,747				RESEARCH GRANT
POINT REYES BIRD OBSERVATORY3820 CYPRESS DRIVE 11 PETALUMA, CA 94954	94-1594250	501(c)(3)	51,896				RESEARCH GRANT
POLISTES FOUNDATION INC133 WASHINGTON STREET BELMONT, MA 02478	02-0567125	501(c)(3)	38,850				RESEARCH GRANT



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POLYTECHNIC INSITUTE OF NEW YORK UNIVERSITY 6 METROTECH CENTER BROOKLYN,NY 11201	11-1630820	501(c)(3)	73,829				RESEARCH GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE OFFICE FOR SPONSORED RESEARCH 1350 MASSACHUSETTS AVE HC600 CAMBRIDGE,MA 02138	04-2103580	501(c)(3)	38,171				RESEARCH GRANT
PRINCETON UNIVERSITY4 NEW SOUTH BLDG PRINCETON,NJ 08544	21-0634501	501(c)(3)	307,397				RESEARCH GRANT
PURDUE UNIVERSITY302 WOOD STREET SPS YOUNG HALL WEST LAFAYETTE,IN 479072108	35-6002041	STATE OF IN	73,740				RESEARCH GRANT
RD DESIGN & DEVELOPMENT LLC7551 E MAIN ROAD WESTFIELD,NY 14787	16-1586173		28,000				RESEARCH GRANT
REALITY RESEARCH5916 SOUTH AVENUE WILLIAMSON,NY 14589	57-1142544		19,000				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA2150 SHATTUCK AVE SUITE 313 BERKELEY,CA 947205940	94-6002123	STATE OF CA	461,442				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIAOFFICE OF RESEARCH 1850 RESEARCH PARK DRIVE SUITE 300 DAVIS,CA 95618	94-6036494	STATE OF CA	140,293				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIAOFFICE OF RESEARCH ADMINISTRATION 5171 CALIFORNIA AVE SUITE 150 IRVINE,CA 926977600	95-2226406	STATE OF CA	31,301				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIAOFFICE OF CONTRACT GRANT ADMINIST 9500 GILMAN DRIVE LA JOLLA,CA 920930934	95-2872494	STATE OF CA	24,518				RESEARCH GRANT

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REGENTS OF THE UNIVERSITY OF CALIFORNIA BOX 951406 LOS ANGELES, CA 900951406	95-6006143	STATE OF CA	300,000				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA ROOM 3227 CHEADLE HALL SANTA BARBARA, CA 931062050	95-6006145	STATE OF CA	215,305				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN WOLVERINE TOWER ROOM 1056 3003 S ANN ARBOR, MI 481091274	38-6006309	STATE OF MI	187,588				RESEARCH GRANT
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET WEST HALL TROY, NY 12180	14-1340095	501(c)(3)	30,819				RESEARCH GRANT
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC 140 OLD ORANGEBURG ROAD BLDG 35 ORANGEBURG, NY 10962	14-1410842	501(c)(3)	113,405				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501(c)(3)	127,155				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501(c)(3)	39,098				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NY PO BOX 9 ALBANY, NY 122010009	14-1368361	501(c)(3)	89,350				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NY PO BOX 9 ALBANY, NY 122010009	14-1368361	501(c)(3)	10,000				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NY PO BOX 9 ALBANY, NY 122010009	14-1368361	501(c)(3)	6,352				RESEARCH GRANT

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RESEARCH FDN OF THE CITY UNIV OF NYPO BOX 6000 BINGHAMTON, NY 139026000	14-1368361	501(c)(3)	119,099				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NY402 CROFTS HALL BUFFALO, NY 142607016	14-1368361	501(c)(3)	14,801				RESEARCH GRANT
RESEARCH FDN OF THE CITY UNIV OF NYOFFICE OF SPONSORED PROGRAMS STONY BROOK, NY 117943362	14-1368361	501(c)(3)	24,979				RESEARCH GRANT
RESOURCES FOR INDEPENDENT LIVING INC 351 HIGH STREET SUITE 103 BURLINGTON, NJ 08016	22-3314082	501(c)(3)	20,331				RESEARCH GRANT
ROCHESTER INSTITUTE OF TECHNOLOGY141 LOMB BUILDING ROCHESTER, NY 146235608	16-0743140	501(c)(3)	32,202				RESEARCH GRANT
RUSH UNIVERSITY MEDICAL CENTER707 S WOOD STREET O ANNEX CHICAGO, IL 60612	36-2174823	501(c)(3)	128,073				RESEARCH GRANT
RUTGERS UNIVERSITY ADMINISTRATION SERVICES BLDG III NEW BRUNSWICK, NJ 08901	22-6001086	501(c)(3)	169,763				RESEARCH GRANT
SALISBURY UNIVERSITY UNIVERSITY RESEARCH SERVICES HOLLOWAY HALL-ROOM 265 1101 CAMDEN SALISBURY, MD 21801	52-6002033	STATE OF MD	7,901				RESEARCH GRANT
SCIENCENTER DISCOVERY MUSEUM601 FIRST ST ITHACA, NY 14850	22-2470652	501(c)(3)	15,000				RESEARCH GRANT
SEA GRANT PENNSYLVANIA301 PENINSULA DR SUITE 3 ERIE, PA 16505	24-6000376	501(c)(3)	5,582				RESEARCH GRANT

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SEAVOSS ASSOCIATES INC101 OXFORD PLACE ITHACA,NY 14850	04-3633346		79,533				RESEARCH GRANT
SIMMONS COLLEGE300 THE FENWAY BOSTON,MA 021155898	04-2103629	501(c)(3)	42,120				RESEARCH GRANT
SOUTH DAKOTA STATE UNIVERSITYADMIN 133 BOX 2201 BROOKINGS,SD 57007	46-6000364	STATE OF SD	95,624				RESEARCH GRANT
SOUTHERN RESEARCH INSTITUTE2000 NINTH AVENUE SOUTH PO BOX 553 BIRMINGHAM,AL 352055305	63-0288868	501(c)(3)	40,128				RESEARCH GRANT
SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE,NY 13244	15-0532081	501(c)(3)	946,660				RESEARCH GRANT
TAMARACK DESIGN INC 950 DANBY ROAD SUITE 150 ITHACA,NY 14850	20-5582363		115,000				RESEARCH GRANT
TEXAS TECH UNIVERSITY 203 HOLDEN HALL LUBBOCK,TX 794091035	75-6002622	STATE OF TX	334,745				RESEARCH GRANT
THE BD OF TTEES OF THE LELAND STANFORD JNR UNIV340 PANAMA STREET STANFORD,CA 943056025	94-1156365	501(c)(3)	100,030				RESEARCH GRANT
BRD OF TTEES OF THE UNIVERSITY OF ILLINOIS 1901 S FIRST STREET SUITE A CHAMPAIGN,IL 61820	37-6000511	STATE OF IL	79,560				RESEARCH GRANT
THE CT AGRICULTURAL EXPERIMENT STATION123 HUNTINGTON STREET BOX 1106 NEW HAVEN,CT 065041106	06-6032987	501(c)(3)	18,283				RESEARCH GRANT

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THE CONSERVATION FUND 1655 NORTH FORT MYER DRIVE SUITE 1 ARLINGTON,VA 222093199	52-1388917	501(c)(3)	6,922				RESEARCH GRANT
THE CREATIVE ADVANTAGE INC620 UNION STREET SCHENECTADY,NY 123051503	14-1605149		61,933				RESEARCH GRANT
THE CURATORS OF THE UNIVERSITY OF MISSOURI OFFICE OF SPONSORED PROGRAMS ADMINI 310 JESSE HALL COLUMBIA,MO 652111230	43-6003859	STATE OF MO	357,481				RESEARCH GRANT
THE GREENHORNS FILM PROJECT22231 MULHOLLAND HWY SUITE 209 CALABASAS,CA 91302	95-4116679	501(c)(3)	6,012				RESEARCH GRANT
THE MARY IMOGENE BASSETT HOSPITALONE ATWELL ROAD COOPERSTOWN,NY 133261394	13-5596796	501(c)(3)	18,897				RESEARCH GRANT
THE OHIO STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 1960 COLUMBUS,OH 432101063	31-6025986	STATE OF OH	251,686				RESEARCH GRANT
THE UNIVERSITY OF TEXAS NORTH OFFICE BUILDING SUITE 4300 AUSTIN,TX 787137726	74-0230239	STATE OF TX	83,380				RESEARCH GRANT
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE MSC 7828 SAN ANTONIO,TX 782293900	74-2586219	501(c)(3)	229,028				RESEARCH GRANT
TRUMAN STATE UNIVERSITYCONTROLLERS OFFICE 105 MCCLAIN HAL KIRKSVILLE,MO 635014221	43-6005833	501(c)(3)	121,228				RESEARCH GRANT
TULANE UNIVERSITY7029 FRERET STREET NEW ORLEANS,LA 701185549	72-0423889	501(c)(3)	13,509				RESEARCH GRANT

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UNION COLLEGE CARRIAGE HOUSE 202 807 UNION ST SCHENECTADY,NY 12308	14-1338580	501(c)(3)	19,000				RESEARCH GRANT
UNITED SPINAL ASSOCIATION 75-20 ASTORIA BLVD JACKSON HEIGHTS,NY 11370 1177	13-5612621	501(c)(3)	23,333				RESEARCH GRANT
UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH PO BOX 3000 BOULDER,CO 80307	84-0412668	501(c)(3)	33,898				RESEARCH GRANT
UNIVERSITY OF ARKANSAS 120 OZARK HALL FAYETTEVILLE,AR 72701	71-6003252	STATE OF AR	230,720				RESEARCH GRANT
UNIVERSITY OF CHICAGO UNIV RESEARCH ADMIN 6030 S ELLIS AVENUE ROOM 114 CHICAGO,IL 60637	36-2177139	501(c)(3)	475,994				RESEARCH GRANT
UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK,DE 19716 1551	51-6000297	STATE OF DE	15,194				RESEARCH GRANT
UNIVERSITY OF FLORIDA DIVISION OF SPONSORED RESEARCH 219 GAINESVILLE,FL 32611	59-6002052	STATE OF FL	129,668				RESEARCH GRANT
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC 623 BOYD GRADUATE STUDIES RESEARCH ATHENS,GA 30602 7411	58-1353149	501(c)(3)	112,171				RESEARCH GRANT
UNIVERSITY OF HOUSTON 316 E CULLEN BUILDING HOUSTON,TX 77204 2015	74-6001399	501(c)(3)	122,765				RESEARCH GRANT
UNIVERSITY OF IOWA 2 GILMORE HALL DIVISION OF SPONSOR IOWA CITY,IA 52242	42-6004813	STATE OF IA	44,194				RESEARCH GRANT

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UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	STATE OF KY	41,076				RESEARCH GRANT
UNIVERSITY OF MAINE 5717 CORBETT HALL ORONO, ME 044695717	01-6000769	STATE OF ME	114,084				RESEARCH GRANT
UNIVERSITY OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 207425141	52-6002033	STATE OF MD	261,087				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS RESEARCH ADMINISTRATION BUILDING 70 BUTTERFIELD TERRACE AMHERST, MA 010039242	04-3167352	STATE OF MA	48,898				RESEARCH GRANT
UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY65 BERGEN STREET NEWARK, NJ 07101	22-1775306	501(c)(3)	42,315				RESEARCH GRANT
UNIVERSITY OF MINNESOTA200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 554552070	41-6007513	STATE OF MN	564,122				RESEARCH GRANT
UNIVERSITY OF NEBRASKA 312 N 14TH STREET PO BOX 880430 LINCOLN, NE 685880430	47-0049123	STATE OF NE	117,016				RESEARCH GRANT
UNIVERSITY OF NEW HAMPSHIRE111 SERVICE BLDG 51 COLLEGE RD 2 DURHAM, NH 03824	02-6000937	STATE OF NH	70,518				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE SUITE 2200 CB CHAPEL HILL, NC 275991350	56-6001393	STATE OF NC	130,253				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA AT GREENSBOROPOB 26170 SUITE 1601 ROOM 1713 MH GREENSBOTO, NC 274026170	56-1611588	STATE OF NC	30,450				RESEARCH GRANT

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UNIVERSITY OF PENNSYLVANIA221 FRANKLIN BLDG 3451 WALNUT STR PHILADELPHIA, PA 191046205	23-1352685	501(c)(3)	859,115				RESEARCH GRANT
UNIVERSITY OF PITTSBURGHOFFICE OF RESEARCH 350 THACKERAY H PITTSBURGH, PA 15260	25-0965591	501(c)(3)	76,705				RESEARCH GRANT
UNIVERSITY OF RHODE ISLAND70 LOWER COLLEGE RD KINGSTON, RI 02881	05-6000522	STATE OF RI	5,138				RESEARCH GRANT
UNIVERSITY OF ROCHESTER515 HYLAN BLDG RC BOX 270140 ROCHESTER, NY 146270140	16-0743209	501(c)(3)	187,858				RESEARCH GRANT
UNIVERSITY OF SOUTH FLORIDA140 SEVENTH AVENUE SOUTH KRC3113 ST PETERSBURG, FL 337015016	59-3102112	STATE OF FL	38,279				RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA837 W DOWNEY WAY STO 330 LOS ANGELES, CA 900891147	95-1642394	501(c)(3)	353,680				RESEARCH GRANT
UNIVERSITY OF TENNESSEE1534 WHITE AVENUE KNOXVILLE, TN 379964506	62-6001636	STATE OF TN	97,111				RESEARCH GRANT
UNIVERSITY OF TENNESSEE910 MADISON SUITE 823 MEMPHIS, TN 38163	62-6001636	501(c)(3)	128,094				RESEARCH GRANT
UNIVERSITY OF TEXAS500 WEST UNIVERSITY AVENUE ADMIN EL PASO, TX 79968	74-6000813	STATE OF TX	228,043				RESEARCH GRANT
UNIVERSITY OF VERMONT 340 WATERMAN BLDG BURLINGTON, VT 05405	03-0179440	STATE OF VT	75,182				RESEARCH GRANT



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UNIVERSITY OF VIRGINIA OFFICE OF SPONSORED PROGRAMS CARRUTHERS HALL PO BOX 400195 CHARLOTTESVILLE, VA 229044195	54-6001796	STATE OF VA	65,254				RESEARCH GRANT
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 981959472	91-6001537	STATE OF WA	13,695				RESEARCH GRANT
UNIVERSITY OF WISCONSIN RESEARCH SPONSORED PROGRAMS 21 NORTH PARK STREET SUITE 6401 MADISON, WI 53715	39-6028867	STATE OF WI	466,567				RESEARCH GRANT
US DEPT OF THE INTERIOR US GEOLOGICAL SURVEY 6505 NORTHEAST 65TH STREET SEATTLE, WA 98115	53-0196958	US GOVT	7,020				RESEARCH GRANT
USDA-ARS 950 COLLEGE STATION ROAD ATHENS, GA 30604	72-0564834	US GOVT	44,757				RESEARCH GRANT
USDA-ARS 5601 SUNNYSIDE AVENUE BLDG 3 ROOM BELTSVILLE, MD 207055110	72-0564834	US GOVT	268,309				RESEARCH GRANT
USDA-ARS NATURAL RESOURCES RESEARCH CENTER 2150 CENTRE AVENUE BUILDING D SUI FORT COLLINS, CO 805268119	72-0564834	US GOVT	71,950				RESEARCH GRANT
USDA-ARS 1815 N UNIVERSITY ST PEORIA, IL 61604	72-0564834	US GOVT	6,525				RESEARCH GRANT
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 1880 PRATT DRIVE SUITE 2006 BLACKSBURG, VA 24060	54-6001805	501(c)(3)	103,065				RESEARCH GRANT
WALDRON EDUCATIONAL CONSULTING 8201 E SCHOOLER RD CENTRALIA, MO 65240	11-5709435	501(c)(3)	21,200				RESEARCH GRANT

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WASHINGTON STATE UNIVERSITYOFFICE OF GRANT RESEARCH DEVELOPM NEILL HALL ROOM 423 PULLMAN,WA 991643140	91-6001108	STATE OF WA	45,759				RESEARCH GRANT
WASHINGTON UNIVERSITY CAMPUS BOX 1034 700 ROSEDALE ST LOUIS,MO 631121408	43-0653611	501(c)(3)	30,151				RESEARCH GRANT
WELLESLEY COLLEGE106 CENTRAL STREET GRH139 WELLESLEY,MA 02481	04-2103637	501(c)(3)	15,381				RESEARCH GRANT
WISCONSIN DEPARTMENT OF NATURAL RESOURCES PO BOX 7921 MADISON,WI 537077921	39-6006436	STATE OF WI	12,000				RESEARCH GRANT
WOODS HOLE OCEANOGRAPHIC INST GRANT CONTRACT SERVICES BELL HOU WOODS HOLE,MA 02543	04-2105850	501(c)(3)	6,836				RESEARCH GRANT
YALE UNIVERSITY214 WHITNEY AVENUE ROOM 230 NEW HAVEN,CT 065208337	06-0646973	501(c)(3)	157,500				RESEARCH GRANT
BETTER HOUSING FOR TOMPKINS COUNTY INC 950 DANBY ROAD ITHACA,NY 14850	22-2378089	501(c)(3)	10,000				COMMUNITY SUPPORT
CAYUGA LAKE WATERSHED NETWORK170 MAIN STREET ITHACA,NY 14850	16-1556541	501(c)(3)	7,500				COMMUNITY SUPPORT
COMMUNITY ARTS PARTNERSHIP171 E STATE ST STE 107 ITHACA,NY 14850	16-1384455	501(c)(3)	7,000				COMMUNITY SUPPORT
COMMUNITY SCIENCE INSTITUTE701 SPENCER ROAD ITHACA,NY 14850	16-0910547	501(c)(3)	6,700				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DAY CARE AND CHILD DEVELOPMENT COUNCIL 609 W CLINTON ST ITHACA, NY 14850	16-0918618	501(c)(3)	41,000				COMMUNITY SUPPORT
DOWNTOWN ITHACA ALLIANCE 312 EAST SENECA ST ITHACA, NY 14850	16-1521626	501(c)(3)	6,300				COMMUNITY SUPPORT
FAMILY AND CHILDRENS SERVICE OF ITHACA 127 W STATE ST FI1 ITHACA, NY 14850	15-0589039	501(c)(3)	27,500				COMMUNITY SUPPORT
HANGAR THEATRE PARTNERS IN EDUCATION 171 E STATE ST P536 ITHACA, NY 14850	16-0902355	501(c)(3)	15,000				COMMUNITY SUPPORT
ITHACA NEIGHBORHOOD HOUSING SERVICES 115 WEST CLINTON ST ITHACA, NY 14850	22-2141948	501(c)(3)	14,000				COMMUNITY SUPPORT
TOMPKINS COUNTY AREA DEVELOPMENT 200 E BUFFALO ST ITHACA, NY 14850	16-6058339	501(c)(3)	31,250				COMMUNITY SUPPORT
TOMPKINS COUNTY CHAMBER OF COMMERCE 904 E SHORE ROAD ITHACA, NY 14850	15-0348795	501(c)(3)	10,137				COMMUNITY SUPPORT
TOMPKINS COUNTY PUBLIC LIBRARY 101 E GREEN ST ITHACA, NY 14850	16-1098211	501(c)(3)	10,000				COMMUNITY SUPPORT
UNITED WAY OF TOMPKINS COUNTY 313 N AURORA ST ITHACA, NY 14850	15-0572883	501(c)(3)	8,500				COMMUNITY SUPPORT
LOCAL (ITHACA) GOVERNMENT AGENCIES VARIOUS ITHACA, NY 14850		ITHACA GOVT	500,396				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VARIOUS LOCAL CHARITIES		501(c)(3)	23,910				COMMUNITY SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CORNELL UNIVERSITY	Employer identification number 15-0532082
--	--

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input checked="" type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID J SKORTON	(i)	656,922	0	29,921	73,250	101,857	861,950	0
	(ii)		0	0	0	0	0	0
W KENT FUCHS	(i)	459,750	26,500	40,134	24,500	22,055	572,939	0
	(ii)		0	0	0	0	0	0
ANTONIO M GOTTO JR	(i)	383,756	0	23,300	954,382	62,672	1,424,110	0
	(ii)		0	0	0	0	0	0
JOANNE M DESTEFANO	(i)	246,249		42,118	33,081	6,919	328,367	0
	(ii)		0	0	0	0	0	0
JAMES J MINGLE	(i)	365,541	15,640	44,472	24,000	16,824	466,477	0
	(ii)		0	0	0	0	0	0
JAMES H WALSH	(i)	421,838	77,438	15,000	24,500	18,145	556,921	0
	(ii)		0	0	0	0	0	0
DANIEL M KNOWLES MD	(i)	308,016	0	744,718	36,660	24,544	1,113,938	0
	(ii)		0	0	0	0	0	0
PAK H CHUNG MD	(i)	40,175	0	1,985,734	26,160	28,599	2,080,668	0
	(ii)		0	0	0	0	0	0
ISAAC KLIGMAN MD	(i)	25,726	0	1,847,000	36,660	26,317	1,935,703	0
	(ii)		0	0	0	0	0	0
ZEV ROSENWAKS MD	(i)	277,886	0	3,330,559	36,660	30,055	3,675,160	0
	(ii)		0	0	0	0	0	0
PHILIP E STEIG MD	(i)	333,578	0	2,377,688	36,660	33,898	2,781,824	0
	(ii)		0	0	0	0	0	0
STEVEN D SPANDORFER MD	(i)	22,675	0	2,755,292	26,160	33,696	2,837,823	0
	(ii)		0	0	0	0	0	0
HUNTER RAWLINGS III	(i)	290,400	0	11,430	24,500	13,659	339,989	0
	(ii)		0	0	0	0	0	0
STEPHEN T GOLDING	(i)	468,944	14,865	46,024	41,000	16,991	587,824	0
	(ii)		0	0	0	0	0	0
ROSEMARY JANE AVERY	(i)	132,487	0	75,140	28,526	8,119	244,272	0
	(ii)		0	0	0	0	0	0
RONALD EHRENBERG	(i)	194,493	0	78,925	36,255	10,396	320,069	0
	(ii)		0	0	0	0	0	0

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
LINE 1A		PAYMENT OR REIMBURSEMENT OF THE EXPENSES DESCRIBED IN 1A ARE COVERED BY TRAVEL POLICIES OR EMPLOYMENT CONTRACTS ALTHOUGH THERE IS OCCASIONALLY UNIT DISCRETION
LINE 2B		THE PRESIDENT AND PROVOST OF MEDICAL AFFAIRS AND DEAN OF THE MEDICAL COLLEGE PARTICIPATE IN BOARD AUTHORIZED DEFERRED COMPENSATION AGREEMENTS UNDER SEC. 457(F). THE AMOUNTS ARE INCLUDED IN THE TOTALS DISCLOSED ON SCHEDULE J, PART II, COLUMN C. DEFERRED COMPENSATION.
LINE 7		BONUS PAYMENTS ARE PROVIDED TO INDIVIDUALS IN RECOGNITION OF ACCOMPLISHMENTS OF SPECIFIC GOALS OR OVERALL PERFORMANCE.
ADDITIONAL INFORMATION ON BOARD OF DIRECTORS		THE CORNELL BOARD OF TRUSTEES INCLUDES FACULTY, STAFF AND STUDENTS. FACULTY MEMBERS ELECT TWO MEMBERS, THE STUDENT BODY ELECTS TWO MEMBERS AND THE "EMPLOYEE ASSEMBLIES" ELECTS ONE MEMBER. FOR FISCAL YEAR 2010, THE FACULTY REPRESENTATIVES WERE ROSEMARY AVERY AND RONALD G. EHRENBERG, THE STUDENT REPRESENTATIVES WERE ASA J. CRAIG, MICHAEL J. WALSH AND THE STAFF REPRESENTATIVE WAS BETH MCKINNEY. CORNELL'S BOARD IS A VOLUNTEER BOARD, THE COMPENSATION REPORTED IN PART VII AND SCHEDULE J IS BASED ON PAYMENTS THE INDIVIDUALS OTHERWISE RECEIVE AS EMPLOYEES OF THE UNIVERSITY.

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: CORNELL UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID J SKORTON	(i)	656,922	0	29,921	73,250	101,857	861,950	0
	(ii)		0	0	0	0	0	0
W KENT FUCHS	(i)	459,750	26,500	40,134	24,500	22,055	572,939	0
	(ii)		0	0	0	0	0	0
ANTONIO M GOTTO JR	(i)	383,756	0	23,300	954,382	62,672	1,424,110	0
	(ii)		0	0	0	0	0	0
JOANNE M DESTEFANO	(i)	246,249		42,118	33,081	6,919	328,367	0
	(ii)		0	0	0	0	0	0
JAMES J MINGLE	(i)	365,541	15,640	44,472	24,000	16,824	466,477	0
	(ii)		0	0	0	0	0	0
JAMES H WALSH	(i)	421,838	77,438	15,000	24,500	18,145	556,921	0
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DANIEL M KNOWLES MD	(i)	308,016	0	744,718	36,660	24,544	1,113,938	0
	(ii)		0	0	0	0	0	0
PAK H CHUNG MD	(i)	40,175	0	1,985,734	26,160	28,599	2,080,668	0
	(ii)		0	0	0	0	0	0
ISAAC KLIGMAN MD	(i)	25,726	0	1,847,000	36,660	26,317	1,935,703	0
	(ii)		0	0	0	0	0	0
ZEV ROSENWAKS MD	(i)	277,886	0	3,330,559	36,660	30,055	3,675,160	0
	(ii)		0	0	0	0	0	0
PHILIP E STEIG MD	(i)	333,578	0	2,377,688	36,660	33,898	2,781,824	0
	(ii)		0	0	0	0	0	0
STEVEN D SPANDORFER MD	(i)	22,675	0	2,755,292	26,160	33,696	2,837,823	0
	(ii)		0	0	0	0	0	0
HUNTER RAWLINGS III	(i)	290,400	0	11,430	24,500	13,659	339,989	0
	(ii)		0	0	0	0	0	0
STEPHEN T GOLDING	(i)	468,944	14,865	46,024	41,000	16,991	587,824	0
	(ii)		0	0	0	0	0	0
ROSEMARY JANE AVERY	(i)	132,487	0	75,140	28,526	8,119	244,272	0
	(ii)		0	0	0	0	0	0
RONALD EHRENBERG	(i)	194,493	0	78,925	36,255	10,396	320,069	0
	(ii)		0	0	0	0	0	0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CORNELL UNIVERSITY

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
15-0532082

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	DASNY (SERIES 1990B)	14-6000293	649905ZH2	05-03-2010	55,997,134	REFUND 1990B BONDS (12/19/1990)	X		X	
B	DASNY 2004 (SERIES 2004A AND SERIES 2004B)	14-6000293	64983trf2	05-27-2004	92,100,000	SEE SCHEDULE O		X		X
C	DASNY (SERIES 2006A)	14-6000293	64983ql98	05-11-2006	258,479,025	SEE SCHEDULE O		X		X
D	DASNY (SERIES 2008B and 2008C)	14-6000293	649905a97	05-03-2010	139,688,300	REFUNDED 2008 DASNY BONDS		X		X
E	TOMPKINS COUNTY IDA (SERIES 2008A)(REISSUED)	16-1214039	890099eq3	06-23-2010	75,307,598	REFUNDED 2008 TCIDA BONDS		X		X

Part II

Proceeds

	A	B	C	D	E					
1 Total proceeds of issue	55,997,134	92,663,883	261,813,217	139,688,300	75,307,598					
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows	55,997,134	40,805,000	178,717,543	138,918,000	74,627,166					
4 Other unspent proceeds										
5 Issuance costs from proceeds	1,482,587	1,482,587	1,698,799	770,300	520,432					
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds	50,376,296	50,376,296	79,584,040							
8 Year of substantial completion	2010	2006	2008	2010	2010					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?	X		X		X		X		X	
10 Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11 Has the final allocation of proceeds been made?	X		X		X		X		X	
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III

Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X	X			X	X	

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X	X		X			X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X	X			X	X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
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	0 %		0 %		0 190 %		0 %		0 010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %				0 %			
6	Total of lines 4 and 5	0 %		0 %		0 190 %		0 %		0 010 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X			X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X			X		X		X
b	Name of provider	Morgan Stanley		Morgan Stanley							
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
CORNELL UNIVERSITY

**Employer identification number**  
15-0532082

**Part I 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	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: CORNELL UNIVERSITY

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SB ASHLEY MGM CO	TRUSTEE OWNERSHIP INT	330,781	FEE FOR REAL ESTATE MANAGEMENT		No
SB ASHLEY MGM CO	TRUSTEE OWNERSHIP INT	6,875	RENT RECEIVED BY CORNELL		No
MC PARTNERS	TRUSTEE INVEST MGR	2,818,740	INVESTMENT MANAGEMENT FEE		No
HBK OFFSHORE FUND LTD	TRUSTEE OWNERSHIP INT	9,087,383	INVESTMENT DIST		No
MERCK AND CO	OFFICER CONSULTING	1,082,048	MEDICAL COLLEGE PURCHASE		No
P DESTEFANO	SPOUSE OF OFFICER	75,524	EMPLOYEE COMPENSATION		No
R DAVISSON	SPOUSE OF OFFICER	176,000	EMPLOYEE COMPENSATION		No

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CORNELL UNIVERSITY

Employer identification number  
15-0532082

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	64	1,028,198	DONOR'S APPRAISAL
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		872,133	DONOR'S APPRAISAL
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	446	15,489,460	SALES PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( COMPUTERS/OTHER EQUIP NOT CAPITALIZED )	X	253	2,811,686	UNIVERSITY EST VALUE
26 Other ► ( OTHER EQUIP CAPITALIZED )	X	37	709,587	UNIVERSITY EST VALUE
27 Other ► ( HORSES )	X	74	17,074	UNIVERSITY EST VALUE
28 Other ► ( )				

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

29520

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30aYesNo

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32aYes

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I-LINE 9		THE UNIVERSITY IS REPORTING PUBLICLY TRADED SECURITIES ON SCHEDULE M AS REQUIRED THE UNIVERSITY DOES NOT INCLUDE PUBLICLY TRADED SECURITIES IN ITS "GIFT IN KIND" REPORTING FOR OTHER PURPOSES BECUASE THEY ARE SOLD IMMEDIATELY UPON RECEIPT
PART I-LINE 1-28		THE NUMBER OF CONTRIBUTIONS REPORTED IS GENERALLY BASED ON THE NUMBER OF ITEMS RECEIVED
PART 1-LINE 29		THE ESTIMATED NUMBER OF FORMS 8283 IS BASED ON 520 DONORS WHO GIFTED PROPERTY WITH APPRAISALS
PART 1-LINE 32b		THE UNIVERSITY DOES NOT USE THIRD PARTIES TO SOLICIT NON CASH CONTRIBUTIONS BUT DOES USE THIRD PARTY BROKERS TO SELL SECURITIES AND, WHEN REQUIRED, REAL ESTATE

Software ID:

Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136028671

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization  
CORNELL UNIVERSITY

Employer identification number  
15-0532082

Identifier	Return Reference	Explanation
PAGE 1-PART I-LINE 3	(ADDITIONAL INFORMATION ON INDEPENDENT VOTING MEMBERS)	BOARD MEMBERS WHO ARE OTHERWISE EMPLOYEES OR HAVE A BUSINESS RELATIONSHIP WITH THE UNIVERSITY THAT REQUIRES REPORTING ON SCHEDULE L ARE NOT DEEMED INDEPENDENT FOR PURPOSES OF 990 REPORTING

Identifier	Return Reference	Explanation
PAGE 1-PART I- LINE 5 (ADDITIONAL INFORMATION ON NUMBER OF EMPLOYEES)		THE UNIVERSITY'S REGULAR WORKFORCE CONSISTS OF APPROXIMATELY 39,525 EMPLOYEES. WE REPORT EMPLOYEES ON THE 990 BASED ON THE NUMBER OF W-2'S ISSUED INCLUDING W-2'S FOR STUDENTS

Identifier	Return Reference	Explanation
PAGE 1-PART I- LINE 6 (ADDITIONAL INFORMATION ON NUMBER OF VOLUNTEERS)		CORNELL'S OFFICE OF ALUMNI AFFAIRS AND DEVELOPMENT ESTIMATED THE NUMBER OF VOLUNTEERS. THE VOLUNTEER BASE IS EXTENSIVE BUT IS NOT FORMALLY TRACKED IN A DATABASE

Identifier	Return Reference	Explanation
PAGE 2-PART III, LINE 1 - ORGANIZATION'S MISSION		THE UNIVERSITY'S MOST SIGNIFICANT ACTIVITIES ARE EDUCATION, RESEARCH, MEDICAL SERVICES AND OTHER PUBLIC SERVICES. THE UNIVERSITY SEEKS " TO DISCOVER, PRESERVE AND DISSEMINATE KNOWLEDGE, PRODUCE CREATIVE WORK, AND PROMOTE A CULTURE OF BROAD INQUIRY THROUGHOUT AND BEYOND THE CORNELL COMMUNITY. CORNELL ALSO AIMS, THROUGH PUBLIC SERVICE, TO ENHANCE THE LIVES AND LIVELIHOODS OF OUR STUDENTS, THE PEOPLE OF N.Y. AND OTHERS AROUND THE WORLD." CORNELL IS A PRIVATE, N.Y. LEAGUE UNIVERSITY. IN ADDITION TO ITS EDUCATION, RESEARCH AND OTHER MISSIONS, IT IS CHARGED WITH CARRYING OUT THE LAND GRANT MISSION FOR NEW YORK STATE. THE MISSION OF LAND GRANT COLLEGES AS SET FORTH IN THE MORRILL ACT OF 1862 IS TO FOCUS ON TEACHING OF AGRICULTURE, SCIENCE AND ENGINEERING. THIS MISSION WAS FURTHER ARTICULATED BY OTHER LEGISLATION TO INCLUDE OUTREACH MISSIONS THAT INCLUDED " SENDING AGENTS INTO RURAL AREAS TO HELP BRING THE RESULTS OF AGRICULTURAL RESEARCH TO END USERS." CORNELL FULFILLS ITS LAND GRANT MISSION BY PROVIDING EDUCATION, OUTREACH AND APPLIED RESEARCH TOUCHING EVERY ASPECT OF LIFE IN NEW YORK.

Identifier	Return Reference	Explanation
PAGE 2-PART III - LINE 4A PROGRAM SERVICE		THE UNIVERSITY IS INTERNATIONALLY RENOWNED FOR ITS UNDERGRADUATE, GRADUATE, PROFESSIONAL, POST-DOCTORAL AND CONTINUING EDUCATION PROGRAMS IN THE U.S. AND ABROAD. THE PRIMARY CAMPUSES ARE IN ITHACA, NY AND NEW YORK CITY (E.G., THE WEILL CORNELL MEDICAL COLLEGE). THERE IS A DEGREE GRANTING CAMPUS IN QATAR FOR THE EDUCATION AND TRAINING OF MEDICAL DOCTORS IN THE REGION. IN FISCAL YEAR 2010, THERE WERE 21,571 ENROLLED STUDENTS. THE FOLLOWING METRICS ON DEGREES GRANTED HIGHLIGHT THE UNIVERSITY'S ACCOMPLISHMENTS: BA (3,696), MA (1,996), PH.D.S (549), OTHER DOCTORAL DEGREES--J.D., M.D., D.V.M. (378). NOTE: TUITION REVENUES ARE REPORTED NET OF THE \$280,300,000 OF FINANCIAL AID THE UNIVERSITY PROVIDES TO STUDENTS FOR TUITION AND MANDATORY FEES (I.E., THE SCHOLARSHIP ALLOWANCE). FINANCIAL AID GRANTS IN EXCESS OF THE SCHOLARSHIP ALLOWANCE WERE \$35,907,000 FOR FISCAL YEAR 2010. THIS AMOUNT IS INCLUDED IN THE OVERALL GRANTS REPORTED IN PART III LINE 4A.

Identifier	Return Reference	Explanation
PAGE 2-PART III-LINE 4D OTHER PROGRAM SERVICES		OTHER PROGRAM SERVICES INCLUDE PUBLIC SERVICES AND OTHER MISSION RELATED ACTIVITIES SUCH AS ACADEMIC CONFERENCES, PUBLICATIONS, THE PROVISION OF LIVING SPACE AND SOCIAL SPACE FOR THE STUDENT BODY, ETC. THE REVENUES OF \$633,748,000 INCLUDE \$176,559,000 IN FEDERAL AND STATE APPROPRIATIONS TO SUPPORT THE LAND GRANT MISSION.

Identifier	Return Reference	Explanation
PAGE 6-SECTION A-LINE 2 (ADDITIONAL INFORMATION ON RELATIONSHIPS)		THE UNIVERSITY'S POLICIES ON STANDARDS OF ETHICAL CONDUCT AND CONFLICTS OF INTEREST AND ITS ANNUAL DISCLOSURE STATEMENTS ARE THE PRIMARY PROCEDURES THE UNIVERSITY RELIES ON FOR DISCLOSURE OF RELATIONSHIPS.

Identifier	Return Reference	Explanation
PAGE 5-SECTION V-LINE 4B	(FOREIGN COUNTRIES WHERE THE UNIVERSITY HAS BANK ACCOUNTS)	AUSTRALIA ETHIOPIA FRANCE ITALY NEPAL QATAR UNITED KINGDOM PAGE 6-SECTION A-LINE 7A (ADDITIONAL INFORMATION ON WHO MAY ELECT BOARD MEMBERS) BASED ON THE UNIVERSITY'S BY-LAWS, THE FACULTY ELECT TWO MEMBERS, EMPLOYEES OTHER THAN FACULTY ELECT ONE MEMBER, STUDENTS ELECT TWO MEMBERS AND ALUMNI ELECT EIGHT MEMBERS FOR STAGGERED TERMS OF FOUR YEARS EACH. EMPLOYEES OTHER THAN FACULTY ELECT ONE MEMBER, STUDENTS ELECT TWO MEMBERS AND ALUMNI ELECT EIGHT MEMBERS FOR STAGGERED TERMS OF FOUR YEARS EACH.

Identifier	Return Reference	Explanation
PAGE 6-SECTION B-LINE 11A	(REQUIRED INFORMATION ON PROCESS FOR REVIEW OF 990)	IN ADVANCE OF FILING, THE UNIVERSITY PRESENTS A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND ALSO MAKES A COPY AVAILABLE TO THE ENTIRE BOARD OF TRUSTEES ON THE BOARD'S SECURE WEB SITE.

Identifier	Return Reference	Explanation
PAGE 6-SECTION B-LINE 12C	(REQUIRED INFORMATION ON CONFLICT OF INTEREST POLICY)	UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICIES OFFICERS, DIRECTORS, AND KEY EMPLOYEES, AS WELL AS CERTAIN OTHER EMPLOYEES, MUST FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT. ANY CONFLICT IDENTIFIED ON THE STATEMENT IS REPORTED TO THE APPROPRIATE OFFICE THAT IS RESPONSIBLE FOR MANAGING THE CONFLICT (E.G., THE REAL ESTATE OFFICE FOR REAL ESTATE MATTERS) TO HELP ENSURE AN ARMS-LENGTH TRANSACTION THAT IS SUBJECT TO REVIEW AND APPROPRIATE AUTHORIZATION.

Identifier	Return Reference	Explanation
PAGE 6-SECTION B-LINE 15A AND 15B (REQUIRED INFORMATION ON COMPENSATION)		THE UNIVERSITY HAS CLEAR PROCEDURES TO AUTHORIZE AND MANAGE COMPENSATION ISSUES. THE PROCEDURES IDENTIFIED BELOW APPLY TO A) ALL OFFICERS OF THE CORPORATION, B) ALL FORMER OFFICERS OF THE CORPORATION WHO CONTINUE TO PROVIDE SERVICES TO THE INSTITUTION AS A WHOLE, C) ALL EMPLOYEES WHO OCCUPY CERTAIN JOB TITLES SUCH AS DEAN AND VICE PRESIDENT, AND D) ALL EMPLOYEES WHOSE COMPENSATION EXCEEDS A PRE-ESTABLISHED THRESHOLD (CURRENTLY \$245,000 A YEAR FOR THE ITHACA CAMPUS). IN ADDITION, THERE IS A "REBUTTABLE PRESUMPTION" OF REASONABLENESS. * VICE PRESIDENT (VP) FOR THE DIVISION OF HUMAN RESOURCES (HR) DEVELOPS THE LIST OF INDIVIDUALS SUBJECT TO REVIEW. * VP HR OBTAINS COMPARATIVE DATA FROM EXTERNAL, INDEPENDENT COMPENSATION CONSULTING FIRMS. * VP HR AND HER INTERNAL STAFF DEVELOP A FORMAL PRESENTATION TO PRESENT TO THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD FOR ITS SPRING MEETING. * THE SUB-COMMITTEE OF THE BOARD REVIEWS, MODIFIES IF DEEMED APPROPRIATE, AND RECOMMENDS COMPENSATION FOR FINAL REVIEW AND APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. * COMPENSATION PROPOSALS THAT OCCUR OUTSIDE THE SPRING TIMELINE AND REQUIRE EXECUTIVE COMMITTEE APPROVAL ARE PRESENTED FOR REVIEW AND APPROVAL IN PRIVATE SESSION TO THE EXECUTIVE COMMITTEE OF THE BOARD. NOTE: IF THERE IS A DISCRETIONARY COMPONENT FOR COMPENSATION, IT IS LIMITED BY AMOUNT OR PERCENTAGE OR OTHER CLEARLY SPECIFIED CRITERIA. AMOUNTS IN EXCESS OF THESE AUTHORIZED GUIDELINES REQUIRE REVIEW BY THE BOARD.

Identifier	Return Reference	Explanation
PAGE 6-SECTION B-LINE 16B (ADDITIONAL INFORMATION ON "JOINT VENTURES")		THE UNIVERSITY HAS NUMEROUS CONTROLS TO HELP ENSURE THAT ANY INVESTMENT IN, CONTRIBUTION OF ASSETS TO OR PARTICIPATION IN A JOINT VENTURE OR SIMILAR ARRANGEMENT WITH A TAXABLE ENTITY, ARE IN FULL COMPLIANCE WITH ALL UNIVERSITY POLICIES, INCLUDING BUT NOT LIMITED TO THE POLICY ON TRANSACTION AUTHORITY AND UNRELATED BUSINESS INCOME. COMPLIANCE WITH THE UNIVERSITY'S POLICIES SERVES TO PROTECT THE ORGANIZATION'S EXEMPT STATUS.

Identifier	Return Reference	Explanation
PAGE 6-SECTION C-LINE 19	(REQUIRED INFORMATION ON MAKING INFORMATION AVAILABLE TO THE PUBLIC)	THE UNIVERSITY'S CHARTER, BY-LAWS, POLICIES (INCLUDING BUT NOT LIMITED TO THE CONFLICT OF INTEREST POLICY) AND ITS AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE UNIVERSITY'S WEB SITE: HTTP://WWW.CORNELL.EDU. THE UNIVERSITY ALSO MAKES THESE DOCUMENTS AVAILABLE IF REQUESTED IN PERSON, BY PHONE OR MAIL.

Identifier	Return Reference	Explanation
SCHEDULE E - EXPLANATION FOR LINE 3		THE UNIVERSITY WAS ORGANIZED IN THE 1860'S, NON-DISCRIMINATION BASED ON RELIGION IS INCLUDED IN ITS CHARTER. FROM ITS EARLIEST HISTORY, THE UNIVERSITY ADMITTED A DIVERSE STUDENT BODY IN TERMS OF RACE, GENDER, RELIGION, ETC. THE UNIVERSITY'S STATISTICS, WHETHER ABOUT ITS STUDENT POPULATION OR EMPLOYEE BASE, DEMONSTRATE THE STRONGEST COMMITMENT TO NON-DISCRIMINATION. SEE ADDITIONAL INFORMATION AT HTTP://WWW.CORNELL.EDU/DIVERSITY/

Identifier	Return Reference	Explanation
SCHEDULE E - EXPLANATION FOR LINE 6A		CORNELL RECEIVES ASSISTANCE FROM BOTH THE FEDERAL GOVERNMENT AND NEW YORK STATE. THE FEDERAL GOVERNMENT PROVIDES SUPPORT FOR LOANS, STUDENT EMPLOYMENT AND GRANTS. LOANS: W.D. FORD SUBSIDIZED AND UNSUBSIDIZED LOANS, PERKINS LOANS, DIRECT PLUS LOANS. EMPLOYMENT: FUNDS FOR FEDER WORK-STUDY. GRANTS: FELL GRANTS AND SUPPLEMENTAL EDUCATION OPPORTUNITY ASSISTANCE PROGRAM (TAP).

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN(F)		CUSIP #64983TRF2- DESCRIPTION OF PURPOSE: REFUND 1998 COMMERCIAL PAPER (\$40,805,000) AND FINANCED CAPITAL CONSTRUCTION PROJECTS FOR THE ITHACA AND WEILL CORNELL MEDICAL COLLEGE CAMPUSES.

Identifier	Return Reference	Explanation
SCHEDULE K PART II - LINE 1 (COLUMNS A-B)		CUSIP ## 649905ZH2, 64983TRF2- CUMULATIVE SINCE INCEPTION OF BONDS.

Identifier	Return Reference	Explanation
SCHEDULE K PART II - LINE 3 (COLUMNS A-B)		CUSIP ## 649905ZH2, 64983TRF2- CUMULATIVE SINCE INCEPTION OF BONDS. THERE ARE NO FUNDS REMAINING IN REFUNDING OR DEFEASANCE ESCROWS AS OF JUNE 30, 2010.

Identifier	Return Reference	Explanation
SCHEDULE K PART II - LINE 5 (COLUMN A)		CUSIP #649905ZH2 - ISSUANCE COSTS PAID FROM UNIVERSITY EQUITY CONTRIBUTION.

Identifier	Return Reference	Explanation
SCHEDULE K PART II - LINE 1 (COLUMN B)		CUSIP # 64983TRF2 - ISSUE PRICE OF \$92,100,000 PLUS INTEREST EARNED ON CONSTRUCTION FUND ACCT OF \$563,883.

Identifier	Return Reference	Explanation
SCHEDULE K PART III - LINE 3C (COLUMN B)		CUSIP # 64983TRF2- (DOES ORG ROUTINELY ENGAGE BOND COUNSEL OR OTHER) CORNELL UNIVERSITY HAS AN INTERNAL COUNSEL'S OFFICE THAT IS RESPONSIBLE FOR REVIEWING MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS. EXTERNAL COUNSEL OFFICE REVIEW IS CONDUCTED ON AN "AS NEEDED BASIS."

Identifier	Return Reference	Explanation
SCHEDULE K PART IV - LINE 3B (COLUMN B)		CUSIP # 64983TRF2- MORGAN STANLEY DERIVATIVE PRODUCTS INC.

Identifier	Return Reference	Explanation
SCHEDULE K PART IV - LINE 3C (COLUMN B)		CUSIP # 64983TRF2 - CORNELL PAYS FIXED RATE OF 3.51%, COUNTERPARTY PAYS 67% OF ONE MONTH LIBOR UNTIL SWAP EXPIRES ON 07/01/2033.

Identifier	Return Reference	Explanation
SCHEDULE K PART I, LINE C, (COLUMN F)		CUSIP # 64983QL98 - DESCRIPTION OF PURPOSE: REFUNDED 1996 BONDS (\$63,717,543 DATE OF ISSUE 6/20/1996), REFUNDED TAXABLE COMMERCIAL PAPER (\$40,000,000), REFUNDED TAX EXEMPT COMMERCIAL PAPER (\$75,000,000) AND FINANCED CAPITAL CONSTRUCTION ON THE ITHACA AND WEILL CORNELL MEDICAL COLLEGE CAMPUS.

Identifier	Return Reference	Explanation
SCHEDULE K PART I, LINE A, (COLUMN F)		PART I, LINE A, (COLUMN F)- CUSIP # 649905DC7 - DESCRIPTION OF PURPOSE: REFUNDED 1998 TAX-EXEMPT COMMERCIAL PAPER (\$150,000,000) AND FINANCED CAPITAL CONSTRUCTION PROJECTS FOR THE ITHACA AND WEILL CORNELL MEDICAL COLLEGE CAMPUSES.

Identifier	Return Reference	Explanation
SCHEDULE K PART I, LINE B, (COLUMN F)		CUSIP # 649905R99 - DESCRIPTION OF PURPOSE: FINANCED CONSTRUCTION OF MEDICAL RESEARCH BUILDING IN NEW YORK CITY, REFUNDED \$50 MILLION OF TAXABLE COMMERCIAL PAPER AND FINANCED CAPITALIZED INTEREST COSTS.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 1, (COLUMN C)		CUSIP # 64983QL98 - CUMULATIVE SINCE INCEPTION OF BONDS. ISSUE PRICE OF \$258,479,025 PLUS INTEREST EARNED ON CONSTRUCTION FUNDS \$3,334,192.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 3, (COLUMN C)		CUSIP # 64983QL98 - CUMULATIVE SINCE INCEPTION OF BONDS. THERE ARE NO FUNDS REMAINING IN REFUNDING OR DEFEASANCE ESCROWS.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 5, (COLUMN C)		CUSIP # 64983QL98 - ISSUANCE COSTS PAID FROM UNIVERSITY EQUITY CONTRIBUTION \$1,812,835.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 1 (COLUMN D)		CUSIP # 649905A97 - CUMULATIVE SINCE INCEPTION OF BONDS.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 3 (COLUMN D)		CUSIP # 649905A97 - CUMULATIVE SINCE INCEPTION OF BONDS. THERE ARE NO FUNDS REMAINING IN REFUNDING OR DEFEASANCE ESCROWS. BOND PROCEEDS NET OF UNIVERSITY EQUITY CONTRIBUTION FINANCED TERMINATION OF SWAP OF \$8,980,000. PART II, LINE 1 (COLUMN E), CUSIP # 890099EG3 - CUMULATIVE SINCE INCEPTION OF BONDS.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 3 (COLUMN E)		CUSIP # 890099EG3 - CUMULATIVE SINCE INCEPTION OF BONDS. THERE ARE NO FUNDS REMAINING IN REFUNDING OR DEFEASANCE ESCROWS. BOND PROCEEDS AND NET OF UNIVERSITY EQUITY CONTRIBUTION FINANCED TERMINATION OF SWAP OF \$5,350,000.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 5 (COLUMN E)		CUSIP # 890099EG3 - ISSUANCE COSTS PAID BY UNIVERSITY EQUITY \$160,000.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 1 (COLUMN A)		CUSIP # 649905DC7 - CUMULATIVE SINCE INCEPTION OF BONDS. ISSUE PRICE OF \$312,100,133 PLUS INTEREST EARNED ON CONSTRUCTION FUNDS OF \$395,588.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 2 (COLUMN A)		CUSIP # 649905DC7 - CUMULATIVE SINCE INCEPTION OF BONDS. CAPITALIZED INTEREST AT ISSUANCE \$16,444,611. AS OF JUNE 30, 2010 CAPITALIZED INTEREST REMAINING IN ESCROW \$6,340,472.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 4 (COLUMN A)		CUSIP # 649905DC7 - REMAINING BALANCE IN CONSTRUCTION FUND AS OF JUNE 30, 2010.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 1 (COLUMN B)		CUSIP # 649905R99 - CUMULATIVE SINCE INCEPTION OF BONDS. ISSUE PRICE OF \$312,100,133 PLUS INTEREST EARNED ON CONSTRUCTION FUNDS OF \$97.

Identifier	Return Reference	Explanation
SCHEDULE K PART II, LINE 2 (COLUMN B)		CUSIP # 649905R99 - CUMULATIVE SINCE INCEPTION OF BONDS. AS OF JUNE 30, 2010 CAPITALIZED INTEREST REMAINING IN ACCOENT \$29,047,867.

Identifier	Return Reference	Explanation
FURTHER SCHEDULE K DISCLOSURE		***PART II, LINE 4 (COLUMN B) CUSIP # 649905R99 - REMAINING BALANCE IN CONSTRUCTION FUND AS OF JUNE 30, 2010. ***PART II, LINE 4 (COLUMN B), -CUSIP # 649905R99 - REMAINING BALANCE IN CONSTRUCTION FUND AS OF JUNE 30, 2010. ***PART III, LINE 3C (COLUMNS C,D,E (SCHEDULE K, PAGE1)) AND (A,B SCHED. K CONTINUANCE SHEET)-CUSIPS 64983QL98, # 649905A97, #890099EQ3, #649905DC7, #649905R99-(DOES ORG ROUTINELY ENGAGE BOND COUNSEL OR OTHER), CORNELL UNIVERSITY HAS AN INTERNAL COUNSEL-(DOES OFFICE THAT IS RESPONSIBLE TO REVIEW MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS. EXTERNAL COUNSEL OFFICE REVIEW IS ON AN "AS NEEDED BASIS." ***PART IV, LINES 6 (COLUMN B), -CUSIP # 649905R99 - AS OF JUNE 30, 2010, THE PROJECT WAS UNDER CONSTRUCTION AND EXPECTS TO QUALIFY FOR REBATE EXCEPTION. ***PART 1, LINE C, (COLUMN F) - CUSIP # 64983L, ISSUE DATE 5/15/2008 - DESCRIPTION OF PURPOSE: FINANCED CAPITAL CONSTRUCTION PROJECTS FOR THE ITHACA AND WEILL CORNELL MEDICAL COLLEGE CAMPUSES. ***PART 1, LINE C, (COLUMN G) - CUSIP # 64983L, ISSUE DATE 5/15/2008 - PARTIAL DEFEASANCE - \$4,830,000 OF COMMERCIAL PAPER NOTES OUTSTANDING AS OF JUNE 30, 2010. ***PART 1, LINE D, (COLUMN F) CUSIP # 64983L, ISSUE DATE 10/3/2007- DESCRIPTION OF PURPOSE: FINANCED CAPITAL CONSTRUCTION PROJECTS FOR THE ITHACA AND WEILL CORNELL MEDICAL COLLEGE CAMPUSES. ***PART 1, LINE D, (COLUMN G) CUSIP # 64983L, ISSUE DATE 10/3/2007- PARTIAL DEFEASANCE - \$1,325,000 OF COMMERCIAL PAPER NOTES OUTSTANDING AS OF JUNE 30, 2010. ***PART IV, LINE 3B (COLUMNS C&D) CUSIP # 64983L, ISSUE DATES 5/15/2008 AND 10/3/2007 MORGAN STANLEY DERIVATIVE PRODUCTS INC. ***PART IV, LINE 3C (COLUMNS C&D) CUSIP # 64983L, ISSUE DATES 5/15/2008 AND 10/3/2007 CORNELL PAYS A FIXED RATE OF 2.99%, COUNTERPARTY PAYS 67% OF 1 MONTH LIBOR UNTIL 10/1/2012. COUNTERPARTY HAS THE OPTION TO EXTEND SWAP UNTIL 10/1/2015.

<div>SCHEDULE R (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Related Organizations and Unrelated Partnerships</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009

<div>Name of the organization</div> CORNELL UNIVERSITY	<div>Employer identification number</div> 15-0532082
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Part I

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

(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

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 501(c)(3))	(f) Direct controlling entity
CORNELL CENTER OF NEW YORK  6 EAST 44th ST  NEW YORK, NY 10017 16-1301416	SOCIAL CLUB	NY	501(c)(7)		
MRSI MANAGEMENT INC  WEILL CORNELL 425 E 61ST ST  NEW YORK, NY 10022 13-3366821	MEDICAL IMAGI	NY	501(c)(3)	11	
CORNELL REAL PROPERTY SERVICES INC  15 THORNWOOD  ITHACA, NY 14850 16-1450535	REAL ESTATE	NY	501(c)(3)	11	
CORNELL RESEARCH FOUNDATION INC  CORNELL UNIV DAY HALL  ITHACA, NY 14850 16-6050703	INTELLECTUAL	NY	501(c)(2)		
SAMUEL CURTIS JOHNSON FOUNDATION  CORNELL UNIV SENECA PL  ITHACA, NY 14850 22-2572815	SUPPORT UNIV	NY	501( c)(3)	11	
CORNELL UNIVERSITY FOUNDATION  CORNELL UNIV SENECA PL  ITHACA, NY 14850 22-8848738	SUPPORT UNIV	NY	501( c)(3)	11	
ROBERT J MIN MD PC  100 BROADWAY 8TH FLR  NEW YORK, NY 10005 13-3366820	MEDICAL IMAGI	NY	501( c)(3)	9	



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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
ITHACA LP	INVESTMENTS					26,733,733					

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TOWER INNOVATIVE LEARNING SOLUTIONS 950 DANBY ITHACA, NY14850 16-1593492	DIST LEARNING	NY	NA	C CORP	10,395,450	5,515,449	100 000 %
CU TRANSIT INC 120 MAPLE AVE ITHACA, NY14850 16-1214738	TRANSPORTATION	NY	NA	C CORP	0	0	100 000 %
LENROC REAL ESTATE BROKERAGE INC 15 THORNWOOD ITHACA, NY14850 16-1450466	BROKERAGE	NY	NA	C CORP	3,972	0	100 000 %
UNIVERSITY VETERINARY SPECIALISTS INC 800 CANAL ST STAMFORD, CT06902 27-2461725	VET MEDICINE	CT	NA	C CORP	0	1,423,186	100 000 %

Part V

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

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

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l No

1m Yes

1n Yes

1o No

1p No

1q No

1r No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
CORNELL CENTER OF NEW YORK  6 EAST 44th ST NEW YORK, NY10017 16-1301416	SOCIAL CLUB	NY	501(c)(7)		
MRSI MANAGEMENT INC  WEILL CORNELL 425 E 61ST ST NEW YORK, NY10022 13-3366821	MEDICAL IMAGI	NY	501(c)(3)	11	
CORNELL REAL PROPERTY SERVICES INC  15 THORNWOOD ITHACA, NY14850 16-1450535	REAL ESTATE	NY	501(c)(3)	11	
CORNELL RESEARCH FOUNDATION INC  CORNELL UNIV DAY HALL ITHACA, NY14850 16-6050703	INTELLECTUAL	NY	501(c)(2)		
SAMUEL CURTIS JOHNSON FOUNDATION  CORNELL UNIV SENECA PL ITHACA, NY14850 22-2572815	SUPPORT UNIV	NY	501( c)(3)	11	
CORNELL UNIVERSITY FOUNDATION  CORNELL UNIV SENECA PL ITHACA, NY14850 22-8848738	SUPPORT UNIV	NY	501( c)(3)	11	
ROBERT J MIN MD PC  100 BROADWAY 8TH FLR NEW YORK, NY10005 13-3366820	MEDICAL IMAGI	NY	501( c)(3)	9	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	CORNELL CENTER OF NEW YORK	1A	34,692
(2)	CORNELL REAL PROPERTY SERVICES INC	1O	25,000
(3)	CORNELL RESEARCH FOUNDATION INC	1A	1,792,363
(4)	CORNELL RESEARCH FOUNDATION INC	1M,N	10,000
(5)	SAMUEL CURTIS JOHNSON FOUNDATION	1M,N	10,000
(6)	CORNELL UNIVERSITY FOUNDATION	1M,N	10,000
(7)	TOWER INNOVATIVE	1A	1,329
(8)	LENROC REAL ESTATE BROKERAGE INC	1M,N	25,000
(9)	UNIVERSITY VETERINARY SPECIALISTS INC	1D	1,506,000

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return CORNELL UNIVERSITY	Business or activity to which this form relates  UNRELATED BUSINESS INCOME	Identifying number  15-0532082
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Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	250,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7	Listed property Enter the amount from line 29 . . . . .	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8		
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12		
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	13,266
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 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV

Summary (see instructions)

22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	14,467
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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 during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2009 tax year (see instructions)					
43 A mortization of costs that began before your 2009 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	





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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .		X		X		X		X		
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? . . . . .	X			X		X		X		
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .	X		X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	.0100%		0.0000%		0.0000%		0.0000%			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶			0.0000%		0.0000%		0.0000%			
<b>6</b> Total of lines 4 and 5 . . . . .	.0100%		0.0000%		0.0000%		0.0000%			
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X		X		X			

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X		X		X		
<b>2</b> Is the bond issue a variable rate issue? . . . . .		X		X	X		X			
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .		X	X		X		X			
<b>b</b> Name of provider . . . . .					11 F13=H T=HLE1		12 F13=H T=HLE1			
<b>c</b> Term of hedge . . . . .										
<b>4a</b> Were gross proceeds invested in a GIC? . . . . .		X		X		X		X		
<b>b</b> Name of provider . . . . .										
<b>c</b> Term of GIC . . . . .										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X		X		X		
<b>6</b> Did the bond issue qualify for an exception to rebate? . . . . .	X		X		X		X			

Schedule K (Form 990) 2009