

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493135056372

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Internal	Revenue	e Service	r i ne organization may na	ve to use a copy of this return to satisfy	state reporting	requirem	ents	Inspection
A Fo	r the	2010 ca		nning 07-01-2010 and ending 06-30-201	l 1			
B Ch	eck ıf a	applicable	C Name of organization CORNELL UNIVERSITY			D Emple	oyer	identification number
☐ Add	dress cl	hange	Doing Business As			15-0	532	082
∏ Na	me cha	ange	Doing Business As			E Telepl	hone	number
Ind	tıal retu	ım	Number and street (or P O box	ıf mail is not delivered to street address)	Room/suite	(607) 25!	5-3581
Г Те	rmınate	ed	341 PINE TREE ROAD			(00)	,	
┌ Am	ended	return	City or town, state or country, a	nd ZIP + 4		G Gross	receip	ots \$ 22,175,410,581
┌ _{Ap}	plicatioi	n pending	ITHACA, NY 14850					
		,	F Name and address of p	principal officer	H(a)			
			DAVID J SKORTON PRE	•	n(a) Is this	a group return	for affil	lates? Yes No
			341 PINE TREE ROAD		H(b) Are al	l affiliates ind	cluded	?
			ITHACA,NY 14850		If "N	o," attach	a lıs	t (see instructions)
т Та	x-exen	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Grou	ıp exemptı	ion n	umber ►
				4 (iiiselt lie) 13 17 (d)(1) 3 17	1			
	ebsite	e: ► HII	TP //WWW CORNELL EDU		<u> </u>			
		rganızatıon	Corporation Trust Associ	ation Other ►	L Year of fo	rmation 18	65	M State of legal domicile NY
Pa	rt I	Sum	mary					
				ssion or most significant activities				
e e		EDUCAT	ION, RESEARCH, MEDICAL	SERVICES AND OTHER PUBLIC SERV	ICES			
Ě								
Ĕ								
Activities & Governance	2	Check th	nis box 🔭 if the organization	discontinued its operations or disposed	of more than 2	5% of its	net a	assets
ক্র	3	Number	of voting members of the gove	erning body (Part VI, line 1a)		- 1	3	64
නර ග	4	Number	of independent voting membe	rs of the governing body (Part VI, line 1b)	. [4	53
ĕ	1			in calendar year 2010 (Part V, line 2a)	•	r	5	36,834
\$	1		mber of volunteers (estimate			t	6	2,000
æ	1			n Part VIII, column (C), line 12		F	- <u>-</u> 7a	4,701,111
	1			e from Form 990-T, line 34			7b	-2,045,981
	 		Tacca Basilless taxasic ilicolli	, me 3 ·	Pric	r Year	Ť	Current Year
		Contril	butions and grants (Part VIII	line 1h)		469,311,0	000	384,515,000
ā	8			331,955,C	-	· · · · · · · · · · · · · · · · · · ·		
Ravenue	9			(, line 2g)			_	2,355,852,366
歪	10			Imn (A), lines 3, 4, and 7d)	·	307,785,1 8,509,0	-	472,520,000
	11 12			A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), lir	,,	0,509,0	741	16,355,881
	12					117,560,1	180	3,229,243,247
	13			art IX, column (A), lines 1-3)		62,977,7	714	104,790,791
	14	Benefit	ts paid to or for members (Pa	rt IX, column (A), line 4)			0	0
	15	Salarıe	es, other compensation, empl	oyee benefits (Part IX, column (A), lines				
Expenses		5-10)			1,	758,101,0	-	1,830,907,000
ই	16a	Profes	sional fundraising fees (Part 1	IX, column (A), line 11e)		997,2	210	1,058,577
ਡੌ	Ь	Total fur	ndraising expenses (Part IX, column	(D), line 25) • 58,026,644				
_	17	Other	expenses (Part IX, column (A	(a), lines 11a-11d, 11f-24f)		945,249,9	85	997,855,298
	18		·	must equal Part IX, column (A), line 25)	2,	767,325,9	11	2,934,611,666
	19	Reveni	ue less expenses Subtract lı	ne 18 from line 12		350,234,2	\rightarrow	294,631,581
\$ ₹	1				_	g of Currei	nt	End of Year
eets Fan		T - 1 - 1	(Dowt V. Long 4.5)			'ear		
Net Assets or Fund Balances	20		assets (Part X, line 16)			973,532,0	-	10,808,214,000
7 E	21					276,574,0	-	3,297,219,000
	22			act line 21 from line 20	6,	596,958,0	000	7,510,995,000
Unde know		alties of pe and belief		mined this return, including accompanying s ete. Declaration of preparer (other than offic				
		*****				012-05-14		
Sigr		F Signa	iture of officer		D	ate		
Her	e 		NE DESTEFANO V P FINANCE & CF or print name and title	0				
		Print/Type		Preparer's signature	Date	Check if self		PTIN
Paid	}	preparer's Firm's nan	name ne F KPMG LLP			ciripioyeu F	<u> </u>	Euroja ETNI
Prep Use			Iress • 345 Park Avenue					Firm's EIN • Phone no • (212) 758-
O26	UIIIY		Now York NV 101E40103					9700

New York, NY 101540102

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Form	990	(2010)
1 01111	,,,	(2010)

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
SEE	CHEDULE 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?	
	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?	
	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 \$ 652,651,000 including grants of \$ 41,851,000) (Revenue \$ 481,073,000)	
	THE UNIVERSITY IS RENOWNED FOR ITS UNDERGRADUATE, GRADUATE, PROFESSIONAL, POST-DOCTORAL AND CONTINUING EDUCATION PROGRAMS THE PRIMARY CAMPUSES ARE IN ITHACA, NEW YORK AND NEW YORK CITY (WEILL CORNELL MEDICAL COLLEGE) THE FOLLOWING DEGREES WERE GRANTED DURING THIS YEAR UNDERGRADUATE (3696), MASTERS (1996), PHD(549), JD, MD, DVM (378)	NG
	(Code) (Expenses \$ 649,746,000 including grants of \$) (Revenue \$ 577,568,000)	
-	MEDICAL SERVICES, INCLUDING THE EDUCATION AND TRAINING OF PHYSICIANS, IS A MAJOR COMPONENT OF THE UNIVERSITY'S MISSION THE PHYSICIAN ORGANIZATION IS AN INTEGRAL PART OF THE MEDICAL SCHOOL AND UNIVERSITY IT PROVIDES THE PATIENT BASE ESSENTIAL FOR TEACHING, RESEARCH AND CLINICAL SERVICES)
	(Code) (Expenses \$ 593,005,000 including grants of \$) (Revenue \$ 623,036,000)	
	RESEARCH, BOTH BASIC AND APPLIED, IS ALSO A CORE MISSION-RELATED ACTIVITY THE REVENUES ABOVE INCLUDE \$472 MILLION IN DIRECT REVENUES AND \$151 MILLION IN INDIRECT COST RECOVERIES NOTE WE HAVE INCLUDED IN THIS ACTIVITY GRANTS AND CONTARCT REVENUE RELATED TO PUBLIC OUTREAC AND INSTRUCTION, BUT THE SINGLE LARGEST PORTION IS RESEARCH REALTED WHICH ACCOUNTS FOR APPROXIMATELY 89% OF THE TOTAL	
	Other many many (Paramha in Cabadula O.)	
4d	Other program services (Describe in Schedule O) (Expenses \$ 772,477,087 including grants of \$) (Revenue \$ 674,172,366)	
4e	Total program service expenses►\$ 2,667,879,087	

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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 (see instruction)? 📆	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If "Yes," complete Schedule D, Part II</i>	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 quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV .	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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II \Box	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \Box Yes \Box No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 30,012			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 ►AS,ET,FR,IT,NP,QA,UK See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	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		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
3	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?	5c 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		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
e	Did the organization 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		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
	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		No
	Sponsoring organizations maintaining donor advised funds.			
а	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		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			
ła	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		.,,

UNIVERSITY CONTROLLER 341 PINE TREE ROAD ITHACA,NY 148502820

(607) 255-3581

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.

Check if Schedule O contains a response to any question in this Part VI										. 🔽	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
IG	year	1					
b	Enter the number of voting members included in line 1a, above, who are independent	3					
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 governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant 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						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9							
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)						
	- Torride Coucify		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					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	7 11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	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?						
а	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 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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				
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed ► CA						
18 19	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 Own website. Another's website. Upon request. 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						

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A)	(B)			C)					(D)	(E)		(F)	
	Name and Title	Average hours per	1	ition that a	•		II		comp	ortable ensation m the	Reportable compensation from related		Estima amount o compens	fother
		week (describe hours for related organizations	Individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensat employee	Former	organization (W- 2/1099-MISC)		organizations (W- 2/1099- MISC)	5	from t rganızatı relatı organıza	the on and ed
		in Schedule O)	ustee Jostee	rustee		œ œ	insated							
See A	Addıtıonal Data Table													
				 										
				 										
1b	Sub-Total				٠.	•	'	 						
С	Total from continuation sheets	to Part VII, Sec	tion A				*							
d							•			19,430,458		0	1,8	371,108
2	Total number of individuals (inc \$100,000 in reportable comper						above) who	receive	d more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc					ey e •	mploy •	ee,o •	r highes • • •	t compens:	ated employee • • •	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	Yes			
5	Did any person listed on line 1a		-						_		r ındıvıdual for		1	
	services rendered to the organiz	zation? <i>If "Yes,"</i>	complet	e Sch	edul	e J fo	or suct	n pers	son .		•	5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	hıghest compei		ındep	ende	ent c	ontra	ctors	that rec	eived more	than			
	\$100,000 of compensation from	(A)	111								(B)	I	(C	<u> </u>

(A) Name and business address	(B) Description of services	(C) Compensation
GILBANE BLDG CO 16 CORPORATE WOODS ALBANY, NY 12211	CONSTRUCTION SERVICE	13,766,695
LECHASE CONSTRUCTION 72 CASCADE DRIVE ROCHESTER, NY 14614	CONSTRUCTION SERVICE	6,027,310
OVE ARUP AND PARTNERS 155 AVE OF THE AMERICAS NEW YORK, NY 10013	CONSULTING ENGINEER	1,655,515
BURT HILL KOSAR RITTLEMANN PO BOX 360248M PITTSBURG, PA 15251	ARCHITECTURAL	1,417,916
HURON CONSULTING 4795 PAYSPHERE CIRCLE CHICAGO, IL 60674	CONSULTING SERVICES	1,286,481
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►56	who received more than	

Form 9	•	(2010) Statement of Rever					Page	<u>9</u>
rait	V	• Statement of Rever	ide		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
まま	1a	Federated campaigns	1a	0				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b	2,423,247				
.% ₩	С	Fundraising events	1c	981,460				
<u>≅</u> ,ਰ	d	Related organizations	1d	5,912,255				
£.	e	Government grants (contributions	e) 1e	44,552,000				
er s	f	All other contributions, gifts, grant	ts, and 1f	330,646,038				
들을	-	similar amounts not included above	ve					
풀	-	Noncash contributions included in		14,322,152				
	h	Total. Add lines 1a-1f .	· · · · · · · <u>*</u>		384,515,000			
Program Serwce Revenue				Business Code				
ever	l _	EDUCATION TUITION NET OF DIS		900099	481,073,000			0
or GE		GRANTS AND CONTRACTS FOR RI	ESEARCH, ETC	900099	623,036,000			0
¥.	d	MEDICAL SERVICES LAND GRANT MISSION GOVT APPR		900099	577,568,000 164,013,000			0
B.		AUXILIARY ENT -ROOM AND BOAR		900099	154,354,000			0
臣		All other program service re		70000		355,808,366		0
ू र	_	Total. Add lines 2a-2f .	_		355,808,366			
		Investment income (includi			2,355,852,366			
		and other similar amounts)	· ·		109,389,140	0	4,663,393	
	4	Income from investment of tax-e		-	2,620,860	0	0	104,725,747 2,620,860
	5	Royalties	>cmpt bond proceeds		10,353,280	0		
		Noyanies	(ı) Real	(II) Personal	, ,			. ,
	6a	Gross Rents	92,000	(,				
	ь	Less rental	5,000					
	c	expenses Rental income	87,000					
	d	or (loss) L Net rental income or (loss)	.		87,000	0	0	87,000
		[(ı) Securities	(II) O ther	•			
	7a	Gross amount from sales of	19,289,490,000					
		assets other						
	ь	than inventory Less cost or	18,928,980,000					
		other basis and sales expenses						
	_	Gain or (loss)	360,510,000					
	d	Net gain or (loss)			360,510,000	0	_	360,510,000
He	8a	Gross income from fundrais	ing events					
Other Revenue		(not including \$ 981,460						
Ä		of contributions reported on						
<u> </u>		See Part IV, line 18	а	281,993				
₹	ь	Less direct expenses .	b	351,262				
_		Net income or (loss) from fu			-69,269		0	-69,269
	9a	Gross income from gaming	activities See Part IV, line 19 . a	a				
				b				
		Net income or (loss) from g			0	0	0	0
	10a	Gross sales of inventory, le returns and allowances	SS					
			a	22,815,942				
	ь	Less cost of goods sold .	. b	16,831,072				
	С	Net income or (loss) from s			5,984,870	0	37,718	5,947,152
		Miscellaneous Revenue		Business Code				
	11a		<u></u>					
	Ь	¹ .						
	C							
		All other revenue						
	e	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·		0			
	12	Total revenue. See Instruct	cions	ŀ			4 = 5 :	
					3,229,243,247	2,355,852,366	4,701,111	484,174,770

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations multi- Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		· ·	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	62 022 704	62 022 701		
_	·	62,823,791	62,823,791		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	41.051.000	41 051 000		
3	Cuanta and other acceptance to market	41,851,000	41,851,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See				
	Part IV, lines 15 and 16	116,000	116,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,989,580	783,112	1,595,832	1,610,636
6	Compensation not included above, to disqualified persons				
	(as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	1,239,151	0	1,239,151	0
7	Other salaries and wages	1,447,917,270	1,298,962,005	115,833,382	33,121,883
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,106,999	74,066,251	6,728,560	3,312,188
9	Other employee benefits	185,033,000	166,641,870	14,802,640	3,588,490
10	Payroll taxes	108,621,000	99,931,320	8,689,680	0
а	Fees for services (non-employees) Management	0	0	0	0
ь	Legal	2,932,568	2,697,963	234,605	0
c	Accounting	1,559,961	1,559,961	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	1,058,577			1,058,577
f	Investment management fees	9,127,442	9,127,442	0	0
g	Other	50,967,321	46,889,935	4,077,386	0
12	Advertising and promotion	1,887,892	1,887,892	0	0
13	Office expenses	42,414,130	39,021,000	3,393,130	0
14	Information technology	18,794,425	16,337,522	1,503,554	953,349
15	Royalties	3,966,773	3,966,773	0	0
16	Occupancy	145,376,000	130,949,587	11,630,080	2,796,333
17	Travel	38,591,000	33,047,240	3,087,280	2,456,480
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	14,869,317	9,630,203	1,189,545	4,049,569
20	Interest	70,065,000	70,065,000	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	214,828,000	197,641,760	17,186,240	0
23	Insurance	52,570,041	47,415,543	4,205,603	948,895
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	COMMUNICATION	18,260,000	13,404,324	1,460,800	3,394,876
b	REPAIRS & MAINTENANCE	69,108,001	63,549,142	5,528,641	30,218
c	LAB SUPPLIES & RESEARCH MATRL	118,759,561	118,759,561	0	0
d	PHARMACEUTICAL SUPPLIES	44,780,041	44,780,041	0	0
е	MISC SUPPLIES	9,187,975	7,804,199	678,626	705,150
f	All other expenses	69,809,850	64,168,650	5,641,200	
25	Total functional expenses. Add lines 1 through 24f	2,934,611,666	2,667,879,087	208,705,935	58,026,644
26	Joint costs. Check here ▶ ┌ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet									
					(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing			1,089,172	1	5,464,098				
	2	Savings and temporary cash investments			122,325,828	2	140,605,902				
	3	Pledges and grants receivable, net			557,926,000	3	584,483,000				
	4	Accounts receivable, net	e, net								
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of	es, ke	ey employees, and							
		Schedule L									
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$, and contributing sponsoring organizations of section $501(c)(9)$ voluntary emplorganizations (see instructions)	emple	yers, and							
ets		Schedule L			0	6	0				
ssets	7	Notes and loans receivable, net			69,994,000	7	69,093,000				
⋖	8	Inventories for sale or use			8,749,379	8	8,224,331				
	9	Prepaid expenses and deferred charges	. •		39,806,621	9	39,502,669				
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a	5,254,527,000							
	ь	Less accumulated depreciation	10b	2,107,516,000	3,056,633,000	10 c	3,147,011,000				
	11	Investments—publicly traded securities			1,688,549,000	11	1,695,842,000				
	12	Investments—other securities See Part IV, line 11			3,944,635,000	12	4,652,385,000				
	13	Investments—program-related See Part IV, line 11			0	13	0				
	14	Intangible assets			0	14	0				
	15	Other assets See Part IV, line 11			97,270,000	15	112,035,000				
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			9,973,532,000	16	10,808,214,000				
	17	Accounts payable and accrued expenses .			421,385,000	17	367,160,000				
	18	Grants payable			47,353,000	18	47,094,000				
	19	Deferred revenue			203,060,000	19	294,035,000				
_	20	Tax-exempt bond liabilities			1,318,335,000	20	1,345,630,000				
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Sched	lule D		0	21	0				
abilities	22	Payables to current and former officers, directors, trustees, keemployees, highest compensated employees, and disqualified									
Ę		persons Complete Part II of Schedule L			0	22	0				
	23	Secured mortgages and notes payable to unrelated third parti-	es .		612,247,000	23	586,506,000				
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0				
	25	Other liabilities Complete Part X of Schedule D $ \ldots \ldots $			674,194,000	25	656,794,000				
	26	Total liabilities. Add lines 17 through 25			3,276,574,000	26	3,297,219,000				
		Organizations that follow SFAS 117, check here ▶ 🔽 and cor	nplete	e lines 27							
Θ		through 29, and lines 33 and 34.									
<u>8</u>	27	Unrestricted net assets			3,508,534,000	27	2,751,527,000				
Fund Balances	28	Temporarily restricted net assets			971,503,000	28	2,432,376,000				
Ξ	29	Permanently restricted net assets			2,216,921,000	29	2,327,092,000				
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ lines 30 through 34.	and co	omplete							
	30	Capital stock or trust principal, or current funds				30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31					
	32	Retained earnings, endowment, accumulated income, or other	funds			32					
Met	33	Total net assets or fund balances			6,696,958,000	33	7,510,995,000				
_	34	Total liabilities and net assets/fund balances			9,973,532,000	34	10,808,214,000				

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,229,2	243.24
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,934,6	
3	Revenue less expenses Subtract line 2 from line 1	3		294,6	531,58
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,696,9	958,00
5	Other changes in net assets or fund balances (explain in Schedule O)	5		519,4	105,41
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7,510,9	95,000
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Icellad	20	165	
u	on a separate basis, consolidated basis, or both	issueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135056372

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization CORNELL UNIVERSITY

15-0532082 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)

(i) Iame Ippor Ianiza	e of	(ii) EIN	organization (described on lines 1 - 9 above or IRC section (see instructions)	organizati col (i) list your gove docume	on in ed in rning	Did you not organizat col (i) of suppor	ion in your	Is the organization of the leading to the leading t	ne tion in ganized	Amo	vii) ount of oport		
lame Ippoi	e of rted		organization (described on lines 1- 9 above or IRC section	organızatı col (ı) lıst your gove	on in ed in rning	Did you not organizat col (i) of	ion in your	Is the organization organization organization column (i) organization (ii) organization (iii) organization (ne tion in ganized	Amo	unt of		
			(iii) Type of	(iv) Is the		(v)		(vi	,				
	Provide	e the followir	ng information about	the supporte	ed organizat	cion(s)							
			led entity of a persor			above?			11g(
			governing body of the er of a person describ		_	acion.			11g(+		
			rectly or indirectly co governing body of th				persons de	scribed in (ii)	11g	(i) Yes	No		
	followir	ng persons?									1 20		
	check t	this box	received a written de 2006, has the organi						111 supportir	ng organi:	zation,		
Γ	other tl	han foundatı n 509(a)(2)	ox, I certify that the on managers and oth	er than one	or more pub	olicly support	ed organıza	itions describ	ed in section	509(a)(1) or		
ı	one or the box	more publici	ganized and operated y supported organiza bes the type of supp b Type II	ations descri orting organi	bed in sect zation and	ion 509(a)(1)) or section s 11e throi	509(a)(2) S ugh 11h	ee section 5 0		. Check		
	_		ganized and operated	•					ha anum	ha n			
_			janization after June										
	ıts sup	port from gro	oss investment incor	me and unrel	ated busine	ess taxable ın	come (less	section 511	tax) from bu	sınesses			
	An organization that normally receives (1) more than 331/3% 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 331/3% of												
<u></u>								ibutions, mer	nbership fees	, and are	ss		
_			A)(vi) (Complete Pa described in section		A)(vi) (Car	nnlete Dart II	1						
ı	describ		at normally receives	a Sudstantia	ı part of its	support from	a governm	ental unit or i	rom the gene	erai publi	C .		
_			local government or	_									
_													
Γ					or universi	ty owned or o	perated by	a governmen	tal unit desc	rıbed in			
				-		·							
<u></u>									(1)(A)(iii). E	nter the			
Г	A scho A hosp	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
		A medi hospita An orga section	A medical research hospital's name, ci An organization op section 170(b)(1)(A medical research organization operat hospital's name, city, and state An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete Page 1997)	A medical research organization operated in conjunt hospital's name, city, and state An organization operated for the benefit of a college section 170(b)(1)(A)(iv). (Complete Part II)	A medical research organization operated in conjunction with a hospital's name, city, and state An organization operated for the benefit of a college or universisection 170(b)(1)(A)(iv). (Complete Part II)	A medical research organization operated in conjunction with a hospital deschospital's name, city, and state An organization operated for the benefit of a college or university owned or o section 170(b)(1)(A)(iv). (Complete Part II)	A medical research organization operated in conjunction with a hospital described in set hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II)	A medical research organization operated in conjunction with a hospital described in section 170(b) hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II)	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). E hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 170(b)(1)(A)(iv). (Complete Part II)	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) . (Complete Part II)		

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

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

S	ection A. Public Support		and to quanty t								
	endar year (or fiscal year beginning										
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	ınclude 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										
Ū	line 4										
S	ection B. Total Support		<u> </u>	I I.							
	endar year (or fiscal year beginning										
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	A mounts from line 4										
8	Gross income from interest,										
Ū	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 Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV)										
11	Total support (Add lines 7										
	through 10)					<u> </u>					
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12					
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı					
	check this box and stop here						►				
	-tiC Ct-ti	L'a Carana at B									
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))							
	· ·		•	II Column (1))		14					
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15					
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check					
_	and stop here. The organization qua						▶ □				
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -				
	box and stop here. The organization				45.46		►				
1/a	10%-facts-and-circumstances test-										
	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										
		ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	rted ▶□				
L	organization b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line										
D											
	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 organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1				
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □				

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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

Independ	lent C	ontr	act	ors	<u> </u>				
(B) Average hours		tıon ((che	/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
55 0	Х		Х				687,725	0	166,357
1 0	х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
15 0	Х						2,744	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
15 0	Х						28,733	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
10	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
1 0	Х						0	0	0
	(B) Average hours per week 55 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	(B) Average hours per week Post of the per week 55 0 X 1 0	(B) Average hours per week 55 0	(B) A verage hours per week Position (che that apply of the th	C	Average hours per week	C	C	Company Comp

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

(A) Name and Title	(B) Average		tion ((che	II		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	a Institutional Trustee	Office	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
MARCUS H LOO TRUSTEE	1 0	Х					0	0	0
LINDA R MACAULAY TRUSTEE	1 0	Х					0	0	0
RONALD D MCCRAY TRUSTEE	1 0	Х					0	0	0
BETH MCKINNEY TRUSTEE	55 0	Х					58,074	0	21,407
PETER C MEINIG CHAIRMAN	1 0	Х					0	0	0
HOWARD P MILSTEIN TRUSTEE	1 0	Х					0	0	0
ELIZABETH D MOORE TRUSTEE	1 0	Х					0	0	0
NR NARAYANA MURTHY TRUSTEE	1 0	Х					0	0	0
JOHN A NOBLE TRUSTEE	1 0	Х					0	0	0
PETER J NOLAN TRUSTEE	1 0	Х					0	0	0
LUBNA SULIMAN OLAYAN TRUSTEE	1 0	Х					0	0	0
ARMANDO J OLIVERA TRUSTEE	1 0	Х					0	0	0
DONALD C OPATRNY TRUSTEE	1 0	Х					0	0	0
DAVID PATERSON EX OFFICIO	1 0	Х					0	0	0
WILLIAM D PEREZ TRUSTEE	1 0	Х					0	0	0
LELAND C PILLSBURY TRUSTEE	1 0	Х					0	0	0
BRUCE S RAYNOR TRUSTEE	1 0	Х					0	0	0
PHILIP R REILLY TRUSTEE	1 0	Х					0	0	0
GENE D RESNICK TRUSTEE	1 0	Х					0	0	0
IRENE B ROSENFELD TRUSTEE	1 0	Х					0	0	0
ROBERT L RYAN TRUSTEE	1 0	Х					0	0	0
PAUL A SALVATORE TRUSTEE	1 0	Х					0	0	0
SHELDON SILVER EX OFFICIO	1 0	Х					0	0	0
MALCOM A SMITH EX OFFICIO	1 0	Х					0	0	0
DALIA P STILLER TRUSTEE	1 0	Х					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per	Posi t	tion (che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
SHERRI STUEWER TRUSTEE	1 0	Х						0	0	0
RATAN N TATA TRUSTEE	1 0	Х						0	0	0
LISA SKEETE TATUM TRUSTEE	1 0	Х						0	0	0
ANDREWH TISCH VICE CHAIRMAN	1 0	Х						0	0	0
SHERYL HILLIARD TUCKER TRUSTEE	1 0	Х						0	0	0
M EILEEN MCMANUS WALKER TRUSTEE	1 0	Х						0	0	0
BARTON J WINOKUR TRUSTEE	1 0	Х						0	0	0
SHERYL WUDUNN TRUSTEE	1 0	Х						0	0	0
CRAIG YUNKER TRUSTEE	1 0	Х						0	0	0
MICHALE J ZAK TRUSTEE	1 0	Х						0	0	0
DAVID W ZALAZNICK VICE CHAIRMAN	1 0	Х						0	0	0
JAN ROCK ZUBROW VICE CHAIRMAN	1 0	Х						0	0	0
ROSEMARY JAVERY TRUSTEE	55 0	Х						196,883	0	38,582
NELSON G HAIRSTON TRUSTEE	55 0	Х						169,846	0	28,281
W KENT FUCHS PROVOST	55 0			х				529,889	0	46,348
ANTONIO M GOTTO JR PROVOST AND DEAN OF MED SCHOOL	55 0			x				430,385	0	1,027,678
JOANNE M DESTEFANO VP FINANCE AND CFO	55 0			Х				290,978	0	42,971
JAMES J MINGLE UNIVERSITY COUNSEL	55 0			х				430,070	0	41,354
JAMES H WALSH CHIEF INVESTMENT OFFICER	55 0				х			432,012	0	41,233
DANIEL M KNOWLES MD CHAIR & PROF OF PATHOLOGY	55 0				х			1,105,294	0	52,482
PAK H CHUNG MD PROFESSOR OF REPRODUCTIVE MED	55 0					Х		2,244,727	0	54,400
ISAAC KLIGMAN MD PROFESSOR OF REPRODUCTIVE MED	55 0					Х		2,226,891	0	60,013
ZEV ROSENWAKS MD PROFESSOR OF REPRODUCTIVE MED	55 0					Х		4,031,596	0	52,380
PHILIP E STEIG MD CHAIR AND PROF OF NEUROLOGY	55 0					Х		2,525,912	0	63,866
STEVEN D SPANDORFER MD PROFESSOR OF REPRODUCTIVE MED	55 0					х		3,231,560	0	50,307

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	1	on the Institutional Trustee	•	Highest compensat	Former	(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
HUNTER RAWLINGS III PRESIDENT EMERITUS	55 0		<u> </u>		<u>8</u>	×	306,571	0	45,261
STEPHEN T GOLDING FORMER EXECUTIVE VP	55 0					х	500,568	0	38,188

DLN: 93493135056372

OMB No 1545-0047

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.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
+ Scotion 501/a)/2) organizations. Complete Parts I A and P. Do not complete Part I C

- · Section 501(c)(3) organizations Complete Parts FA and B Do not complete Part FC
- ◆ 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.

f the	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part III			•	
		mployerı	dentifica	ation numb	er
COF	NELL UNIVERSITY				
3		5-05320			
ÆΙ	t I-A Complete if the organization is exempt under section 501(c) or is a se	ection 5	2/ org	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV			
2	Political expenditures	>	\$_		
3	Volunteer hours				
Par	t 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	•	- \$ <u></u>		
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				
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıes 🕨	\$ <u>_</u>		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27 ►	\$ <u>_</u>		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7b 🕨	\$		
4	Did the filing organization file Form 1120-POL for this year?		. –	┌ Yes	┌ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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								

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 501(h)).	

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		279,70	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes			
j	Total lines 1c through 1i			279,70	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	TITLA Complete if the exception is exempt under section FO1(a)(4) section	- FO1/-	\ <u>\</u> \		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART 1-A-LINE 1		THE UNIVERSITY DOES NOT PARTICIPATE DIRECTLY OR INDIRECTLY IN ANY POLITICAL CAMPAIGN ALTHOUGH THE UNIVERSITY HAS NOT ISSUED A FORMAL POLICY THROUGH ITS POLICY OFFICE, THE UNIVERSITY REMINDS THE UNIVERSITY COMMUNITY, AT THE TIME OF ANY MAJOR ELECTION, ABOUT THE PROHIBITION AGAINST UNIVERSITY PARTICIPATION THE MESSAGE EMPHASIZES THAT THIS DOES NOT AFFECT AN INDIVIDUAL'S PERSONAL ACTIVITIES
PART II-B-LINE 1 I		IN ADDITION TO MEETING WITH GOVERNMENT OFFICIALS TO ADVANCE THE INTERESTS OF HIGHER EDUCATION, IN GENERAL, THE UNIVERSITY IS A MEMBER OF KEY ORGANIZATIONS THAT ALSO "LOBBY" ON BEHALF OF HIGHER EDUCATION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135056372

OMB No 1545-0047

Open to Public Inspection

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.

	UNIVERSITY					tion numbe	
art			Other Similar F	15-0532 unds or A		. Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor ac	vised funds	(b) E	inds and o	ther accou	nte
Т	otal number at end of year	(a) Dollor at	viseu iulius	(0) [anus anu o	tilei accou	111.5
	ggregate contributions to (during year)						
_	ggregate contributions to (during year)						
	ggregate value at end of year						
				<u> </u>			
	ıd the organization inform all donors and donor advi ınds are the organization's property, subject to the o			nor advised		☐ Yes	┌ No
us	Id the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit				pose	┌ Yes	┌ No
t I	Conservation Easements. Complete	ıf the organization	answered "Yes" t	:o Form 99	0, Part IV	/, line 7.	
	urpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space omplete lines 2a-2d if the organization held a quali	on or pleasure)	Preservation of ar Preservation of a	certified his	toric struc	,	a
ea	asement on the last day of the tax year						
т.					leld at the	End of the	Year
	otal number of conservation easements			2a			
	otal acreage restricted by conservation easements			2b			
	umber of conservation easements on a certified his			2c			
Ν	umber of conservation easements included in (c) ac	cquired after 8/17/06	ı	2d			
th	umber of conservation easements modified, transfene taxable year -				jaili2atioii	auring	
	umber of states where property subject to conserva		•				
	oes the organization have a written policy regarding nforcement of the conservation easements it holds?		ing, inspection, han	dling of viola	itions, and	☐ Yes	┌ No
St	taff and volunteer hours devoted to monitoring, insp	pecting and enforcing	conservation easen	nents during	the year 🕨	<u> </u>	
Α	mount of expenses incurred in monitoring, inspecti	ng, and enforcing con	servation easement	s during the	year ► \$ _		
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	?(d) above satisfy the	requirements of sec	ction		┌ Yes	┌ No
ba	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t ne organization's accounting for conservation easen	the footnote to the or					
	Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Histor		or Other	Similar	Assets.	
ar	the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	116, not to report in for public exhibition,	its revenue statemo education or resear	ch in further			≘,
I f	the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	116, to report in its public exhibition, edu	revenue statement a	and balance			
(i	Revenues included in Form 990, Part VIII, line 1				► \$	1,7	13,390
	Assets included in Form 990, Part X				— —	70,68	80,333
Ιf	the organization received or held works of art, historillowing amounts required to be reported under SFA:						
	evenues included in Form 990, Part VIII, line 1	5			► \$		

b Assets included in Form 990, Part X

Part	t III Organizations Maintaining Co	llections of Art	, His	tori	cal Trea	asures, or	Othe	r Similar As	sets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	he foll —	_	_			ion	
а	▼ Public exhibition		d	<u>~</u>	Loan or	exchange prog	grams	5		
b	Scholarly research		e	Γ	Other					
С	▼ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın hov	w they	/ further t	the organizatio	n's e	xempt purpose II	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part	of the	organıza	tıon's collectio	n?	Γ	_ Yes	✓ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	•			_		ed "\	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						sets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	and complete the	follov	ving ta	able					
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?	,				ſ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,								
Pa	rt V Endowment Funds. Complete	f the organization	ans	were	ed "Yes"	to Form 990), Pa	•		
		(a)Current Year	(I	b) Prior	Year	(c)Two Years B	ack	(d) Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	4,259,950,000		3,836	,289,000	5,248,009	9,000			
b	Contributions	112,278,000		109	,055,000	249,810	0,000			
С	Investment earnings or losses	734,562,000		393	3,907,000	-1,369,893	3,000			
d	Grants or scholarships	-22,504,820		-26	5,326,325	-30,545	5,000			
e	Other expenditures for facilities and programs	-115,986,380		-129	,429,505	-150,170),000			
f	Administrative expenses	-34,622,800			,769,170	-46,142				
g	End of year balance	5,279,904,000		4,534	,776,000	4,354,783	3,000			
2	Provide the estimated percentage of the yea	r end balance held a	is							
а	Board designated or quasi-endowment 🕨	34 000 %								
b	Permanent endowment 🕨 61 000 %									
С	Term endowment ► 5 000 %									
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	nd administer	ed for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(No
L	(ii) related organizations		•	 اد د داد -			•	3a(i		No
ь 4	Describe in Part XIV the intended uses of th	•						3b	<u>' </u>	<u> </u>
	rt VI Investments—Land, Buildings), Part X, line	10			
	Description of investment	, <u> </u>		(a) C	ost or other basis restment)	· · · · · · · · · · · · · · · · · · ·	her	(c) Accumulated depreciation	(d) Bo	ok value
	Land			,,		0 22,926	,314		2	22,926,314
	Buildings				(3,567,321	_	1,309,931,253		57,390,592
	Leasehold improvements				(106,591		54,204,793		52,386,372
	Equipment				(0 1,142,922	-+	723,244,812		19,677,722
	Other					0 394,630	-	0		94,630,000

3,147,011,000

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives	10,702,000	F
(2)Closely-held equity interests	67,179,000	F
Other		
See Additional Data Table		
(-,,	4,652,385,000	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of elid-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri		(b) Book value
(4) 5 65611	peron	(2) 30011 14142
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		<u>'</u>
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
	0	
OBL UNDER SPLIT INTEREST AGMNTS	114,077,000	
DEFERRED BENEFITS	431,564,000	
FUNDS HELD IN TRUST FOR OTHERS	111,153,000	
	+	
	 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	656,794,000	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,229,243,247
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,934,611,666
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	294,631,581
4	Net unrealized gains (losses) on investments	4	440,004,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	79,401,419
9	Total adjustments (net) Add lines 4 - 8	9	519,405,419
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	814,037,000
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,788,730,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	559,486,753
3	Subtract line 2e from line 1	3	3,229,243,247
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,229,243,247
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,974,693,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	40,081,334
3	Subtract line 2e from line 1	3	2,934,611,666
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,934,611,666
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Identifier	Return Reference	Explanation
PART III 4		ART COLLECTION THE HERBERT F JOHNSON MUSEUM OF ART IS PARTICULARLY NOTED FOR ITS COLLECTION IN THE AREA OF ASIAN ART, 19TH AND 20TH CENTURY AMERICAN ART AND THE GRAPHIC ARTS THE COLLECTION IS USED FOR TEACHING AND RESEARCH THE MUSEUM'S CALENDAR OF EVENTS IS AVAILABLE ON ITS WEB SITE AND PROVIDES INFORMATION TO ENCOURAGE USE OF THE COLLECTION BY THE PUBLIC
Part V Line 4		ENDOWMENT FUNDS THE UNIVERSITY'S ENDOWMENT CONSISTS PRIMARILY OF PERMANENT ENDOWMENT AND BOARD DESIGNATED ENDOWMENT (I E FUNDS FUNCTONING AS ENDOWMENT) THE INCOME FROM THE ENDOWMENT PROVIDES CRITICAL SUPPORT FOR FACULTY ENDOWED, CHAIRS, STUDENT FINANCIAL AID AS WELL AS SUPPORT FOR VARIOUS INSTITUTIONAL PROGRAMS FOR TEACHING, RESEARCH AND PUBLIC OUTREACH
PART XI		OTHER ADJUSTMENTS FAIR MARKET VALUE ADJUSTMENTS FOR DEBT SWAPS AND SPLIT INTERESTS AND THE ADJUSMENT FOR SUBSIDIARY NET INCOME NOT INCLUDED IN THE UNIVERSITY'S 990
Part XII Line 1		OTHER ADJUSTMENTS - REVENUES FAIR MARKET VALUE ADJUSTMENTS FOR DEBT SWAPS AND SPLIT INTERESTS, THE ADJUSMENT FOR SUBSIDIARY REVENUE AND THE RECLASSIFICATION OF CERTAIN EXPENSES AS OFFSETS TO REVENUE AS REQUIRED TO BE REPORTED ON THE 990 (I E COST OF GOODS SOLD, ETC)
Part XII Line		OTHER ADJUSTMENTS - EXPENSES THE ADJUSTMENT FOR SUBSIDIARY EXPENSES AND THE RECLASSIFICATION OF CERTAIN EXPENSES AS OFFSETS TO REVENUE (SEE ABOVE)

Additional Data

Software ID: Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
DOMESTIC EQUITIES	193,165,000	F
FOREIGN EQUITIES	113,153,000	F
HEDGED EQUITIES	539,543,000	F
PRIVATE EQUITIES	1,063,722,000	F
FIXED INCOME ASSET BACKED SEC	42,149,000	F
FIXED INCOME CORPORATE BONDS	233,210,000	F
FIXED INCOME EQUITY PRTSHPS	321,807,000	F
FIXED INCOME OTHER	317,898,000	F
MARKETABLE ALT AND RE	1,686,376,000	F
OTHER	63,481,000	F

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135056372

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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.

Schools

Name of the organization **Employer identification number** CORNELL UNIVERSITY 15-0532082 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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 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 If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION FOR LINE 3		THE UNIVERSITY, ORGANIZED IN THE 1860'S, INCLUDED IN ITS CHARTER A COMMITMENT TO NON-DISCRIMINATION BASED ON RELIGION FROM ITS EARLIEST HISTORY, THE UNIVERSITY ADMITTED A DIVERSE STUDENT BODY IN TERMS OF RACE, GENDER AND RELIGION THE STATISTICS ABOUT THE COMPOSITION OF FACULTY, STAFF AND STUDENTS, AS WELL AS THE UNIVERSITY'S ON-GOING EFFORTS TO INCREASE DIVERSITY, REFLECT THE STRONG COMMITMENT TO NON-DISCRIMINATION
EXPLANATION FOR LINE 6A		CORNELL RECEIVES ASSISTANCE FROM BOTH THE FEDERAL GOVERNMENT AND NEW YORK STATE. THE FEDERAL GOVERNMENT PROVIDES SUPPORT FOR LOANS, STUDENT EMPLOY MENT AND GRANTS LOANS WID FORD SUBSIDIZED AND UNSUBSIDIZED LOANS, PERKINS LOANS, DIRECT PLUS LOANS EMPLOY MENT FUNDS FOR FEDER WORK-STUDY GRANTS PELL GRANTS AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY ASSISTANCE PROGRAM (TAP)

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493135056372

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

to Part I

c Totals (add lines 3a and 3b)

	e of the organization				Employer ident	irication number
OK	NELL UNIVERSITY				15-0532082	
Pa	rt I General Information "Yes" to Form 990, Pa			ne United States. Co		zation answered
ı	For grantmakers. Does the	organization m	aıntaın record	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig		_			
	the grants or assistance?					✓ Yes │ No
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	See Add'l Data			region)		
3a	Sub-total	11	359			1,055,800,715
Ŀ	Total from continuation sheets					86,990

1,055,887,705

Pa	Part IV,	line 15, for any					plete if the organiza received more thai		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Entor total au	mhor of rocus	int organizations lis	tod above that are	rocognized as share	tios by the foreign	country recognized	35	
	tax-exempt by	y the IRS, or fo	or which the grante	e or counsel has pro	ovided a section 50	1(c)(3) equivalency	country, recognized letter	· 	
<u>3</u>	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2010

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	Part	V i	ıf a	ddıtıonal	space	IS	needed.	

Use Part V ıf	additional space is neede	d.		<u> </u>			<u> </u>
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL GRANTS GRADUATE STUDENTS	Cent A merica/Caribbean	6	0		7,800	TICKETS	COST
TRAVEL GRANTS GRADUATE STUDENTS	East Asia/Pacific	17	0		22,100	TICKETS	COST
TRAVEL GRANTS GRADUATE STUDENTS	Europe/Iceland/Greenland	13	0		16,900	TICKETS	COST
TRAVEL GRANTS GRADUATE STUDENTS	North America	6	0		7,800	TICKETS	COST
TRAVEL GRANTS GRADUATE STUDENTS	Russia	3	0		2,900	TICKETS	COST
TRAVEL GRANTS GRADUATE STUDENTS	South America	22	0		28,600	TICKETS	COSTS
TRAVEL GRANTS GRADUATE STUDENTS	South Asia	8	0		10,400	TICKETS	COST
TRAVEL GRANTS GRADUATE STUDENTS	Sub-Saharan Africa	15	0		19,500	TICKETS	COST

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	ি	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	F	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	⊽	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 2		THE UNIVERSITY REVIEWS ALL INVOICES AND OTHER REQUIRED DOCUMENTATION FOR ACCURACY, APPROPRIATENESS OF THE EXPENDITURES IN COMPLIANCE WITH THE AWARD DOCUMENTS AND TIMELINESS OF SUBMISSION ALL ISSUES ARE ADDRESSED IMMEDIATELY AND, IF DEEMED APPROPRIATE, REVIEWED WITH OTHER KEY OFFICES AT THE UNIVERSITY, PRIOR TO MAKING PAYMENT

Identifier	Return Reference	Explanation
PART III, LINE 1		THESE ARE TRAVEL AWARDS TO GRADUATE STUDENTS WHERE CORNELL HAS DATA ON THE FOREIGN JUSISDICTION THE UNIVERSITY CURRENTLY DOES NOT CAPTURE DETAILED INFORMATION ON THE VARIOUS DESTINATIONS FOR THIS OR OTHER TRAVEL IN OUR RECORDS

Schedule F (Form 990) 2010

Software ID: Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

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

Form 990 Schedule F	<u>Part I - Activi</u>	ties Outside T	he 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
East Asia and the Pacific	0	0	Grantmakıng	N/A	897,583
Europe (Including Iceland and Greenland)	0	0	Grantmakıng	N/A	1,097,258
Middle East and North Africa	0	0	Grantmakıng	N/A	2,068,171
North America	0	0	Grantmakıng	N/A	4,378,300
Russia and the Newly Independent States	0	0	Grantmakıng	N/A	68,600
South America	0	0	Grantmakıng	N/A	1,104,507
South Asia	0	0	Grantmakıng	N/A	1,754,072
Sub-Saharan Africa	0	0	Grantmakıng	N/A	1,746,381
Central America and the Caribbean	0	0	Investments	N/A	881,745,718
Europe (Including Iceland and Greenland)	0	0	Investments	N/A	67,989,332
Central America and the Caribbean	0	5	Program Services	MEDICAL SERV/TRG	984,823
East Asia and the Pacific	1	0	Program Services	RESEARCH/EDUCATION	442,309
Europe (Including Iceland and Greenland)	6	1	Program Services	RESEARCH/EDUCATION	7,205,858
Middle East and North Africa	2	351	Program Services	RESEARCH/EDUCATION	83,598,996
North America	0	0	Program Services	RESEARCH/EDUCATION	37,761
South America	0	2	Program Services	RESEARCH/EDUCATION	503,356
South Asia	2	0	Program Services	RESEARCH/EDUCATION	177,690
Sub-Saharan Africa	0	3	Program Services	RESEARCH/EDUCATION	86,990
			l	I	

DLN: 93493135056372

Employer identification number

15-0532082

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

Inspection

Internal Revenue Service Name of the organization CORNELL UNIVERSITY

Part I	Fundraising Activities. Complete if the organization answered "Yes" to For	m 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations e Solicitation of non-government grants
- Internet and e-mail solicitations Solicitation of government grants
- Phone solicitations ✓ Special fundraising events
- In-person solicitations
- 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 services?
- 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 and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
-		Yes	No			
GRENZEBACH GLIER AND ASSOC 401 N MICHIGAN CHICAGO, IL 60611	CONSULTING		No	0	109,077	0
COMMUNITY CONSULTING	CONSULTING					
SERVICE						
461 5TH AVE			No	0	892,500	0
NEW YORK, NY 10017						
JFM GROUP	EVENT MGM					
438 5TH AVE			No	1,162,452	36,000	1,126,452
PELHAM, NY 10803						
PRASAD CONSULTING	CONSULTING					
20 SUTTON PLACE S			No	0	21,000	0
NEW YORK, NY 10022						
Total			>	1,162,452	1,058,577	1,126,452

	icensing	
NY		

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

Pai	rt II	Fundraising Events. Commore than \$15,000 on Form							
			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))			
ξ	1	Gross receipts	1,263,453	3	,	1,263,453			
Revenue	2	Less Charitable contributions	981,460			981,460			
~	3	Gross income (line 1 minus line 2)	281,993	3		281,993			
	4	Cash prizes	C)		0			
ဟ	5	Non-cash prizes	C			0			
Expenses	6	Rent/facility costs	24,375	5		24,375			
ă	7	Food and beverages	326,887	7		326,887			
Direct	8	Entertainment	C)		0			
莅	9	Other direct expenses .	C			0			
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)	🛌	351,262			
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-69,269			
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or repo	orted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
ம ர	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes% Г No	Г Yes%_ Г No	Г Yes				
		Direct expense summary Add line Net gaming income summary Com							
9 a b	Ent Is t	er the state(s) in which the organiza the organization licensed to operate	ation operates gaming ac gaming activities in eac	tivities					
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

l 1	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г _{No}
L2	Is the organization a grantor, bei	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		··· Fyes Fno
L3	Indicate the percentage of gamir			
а	The organization's facility			13a
b	An outside facility			13b
L4	Provide the name and address of	f the person who prepares the organıza	tion's gaming/special events book	s and
	records			
	Name 🟲			
	Address 🟲			
.5a	<u>-</u>	ntract with a third party from whom the	• •	
b		ning revenue received by the organiza		d the
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s		
	_			
	Name 🟲			
	Address 🟲			
L6	Gaming manager information			
	Carring manager mormation			
	Name 🟲			
	Gaming manager compensation	\$		
	D	.		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
.7	Mandatory distributions	. Employee	, independent contractor	
., a	·	er state law to make charitable distribi	itions from the gaming proceeds to	
b		required under state law distributed t		, 165 , 110
-		activities during the tax year 🟲 💲		
Par		provide additional information for	responses to question on Sch	edule G (see
	ınstructions.)			,
	Identifier	ReturnReference	Explana	tion
SEF	SCHEDULE 0			
. 				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

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.

OMB No 1545-0047

DLN: 93493135056372

Inspection

Internal Revenue Service Name of the organization CORNELL UNIVERSITY

Schedule I

(Form 990)

Department of the Treasury ► Attach to Form 990

Employer identification number 15-0532082

Form 990, Part IV, linduplicated if additional	Il space is needed					▶ □	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
ee Additional Data Table							

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.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	5193	41,851,000			

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

Identifier	Return Reference	Explanation
SCHEDULE I	PART II	THE UNIVERSITY REPORTS ALL GRANT RECIPIENTS INCLUDING SUB-GRANTEES OF WHICH IT IS AWARE THIS INCLUDES SUB RECIPIENT AWARDS, PRIMARILY FOR RESEARCH, TO GOVERNMENT AGENCIES, ORGANIZATIONS EXEMPT UNDER 501(C)(3) AND FOR-PROFIT ENTITIES FOR WHICH NO AUTHORITY FOR EXEMPTION (E.G., 501(C)(3)) IS PROVIDED)
SCHEDULE I	PART III	THE FINANCIAL AID OF \$41,851,000 REPRESENTS THE UNIVERSITY'S GRANT AID FOR "LIVING EXPENSES" SUCH AS DORMITORY FEES AND MEAL PLANS THE MAJORITY OF THE FINANCIAL AID PROVIDED BY THE UNIVERSITY TO ITS STUDENTS IS APPLIED TO TUITION AND MANDATORY FEES AND REFERRED TO AS SCHOLARSHIP ALLOWANCE OR TUITION DISCOUNT IN FISCAL YEAR 2011, THE SCHOLARSHIP ALLOWANCE WAS \$306,809,000 THEREFORE TOTAL FINANCIAL AID PROVIDED BY THE UNIVERSITY TO ITS STUDENTS WAS \$348,660,000 NOTE THE DETAILS ARE REFLECTED IN CORNELL'S AUDITED FINANCIAL STATEMENTS AS FOLLOWS STATEMENT OF ACTIVITIES GROSS TUITION \$787,882,000, SCHOLARSHIP ALLOWANCE \$306,809,000 AND NET TUITION REVENUE \$481,073,000 THE ADDITIONAL FINANCIAL AID EXPENSE IS REFLECTED AS PART OF OPERATING EXPENSES AND ALSO FURTHER DISCLOSED IN NOTE 10 IN THE AUDITED FINANCIAL STATEMENTS CORNELL CONFORMS FORM 990 TO THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS THE NET TUITION REVENUE IS REFLECTED ON PART VIII OF FORM 900 (LINE 2A) AND THE ADDITIONAL AID IS REFLECTED ABOVE AND ALSO THE FORM 990 EXPENSE SCHEDULE - PART IX LINE 2

Software ID:

Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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		10,000				RESEARCH GRANT
AFFYMETRIX INC3420 CENTRAL EXPRESSWAY SANTA CLARA,CA 95051			352,750				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGILITY INTERNATIONAL INCPO BOX 785716 PHILADELPHIA, PA 191785716	54-1378078		6,139				RESEARCH GRANT
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX,NY 10461	13-1624225	501(C)(3)	21,739				RESEARCH GRANT

	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES1629 K STREET NW SUITE 950 WASHINGTON, DC 20006	52-1930174	501(C)(3)	20,000				RESEARCH GRANT
AMERICAN EVALUATION ASSOCIATION16 SCONTICUT NECK ROAD 290 FAIRHAVEN,MA 02719	52-1463557	501(C)(3)	20,000				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMMANN & WHITNEY CONSULTING ENGINEERS PC96 MORTON STREET NEW YORK, NY 100143309	13-3835527		92,125				RESEARCH GRANT
ARIZONA STATE UNIVERSITYPO BOX 876011 TEMPE,AZ 852876011		STATE OF AZ	961,969				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATC-NY33 THORNWOOD DRIVE SUITE 500 ITHACA,NY 14850			255,781				RESEARCH GRANT
BAAR-SCIENTIFIC LLC 6374 ROUTE 89 ROMULUS,NY 14541	14-1878299		25,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALL AEROSPACE AND TECHNOLOGIES CORPRA-2 1600 COMMERCE ST/PO BOX 1062 BOULDER,CO 803068030	84-1315001		89,972				RESEARCH GRANT
BAPTIST HEALTH11900 COL GLENN RD SUITE 2000 LITTLE ROCK,AR 72210		501(C)(3)	26,221				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEDFORD VA RESEARCH 200 SPRING ROAD MS151 BUILDING 2A BEDFORD,MA 01730	04-3512440	501(C)(3)	328,407				RESEARCH GRANT
BELTON SPACE EXPLORATION INITIATIVES430 SOUTH RANDOLPH WAY TUCSON,AZ 85716			39,165				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONES MEDCAL CENTER 330BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	186,909				RESEARCH GRANT
BETH ISRAEL DEACONESS MEDICAL CENTER330 BROOKLINE AVENUE BR264 BOSTON,MA 02215		501(C)(3)	236,800				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIOSONICS INC4027 LEARY WAY NW SEATTLE,WA 98107	91-1034706		56,317				RESEARCH GRANT
BOSTON UNIVERSITY25 BUICK ST BOSTON,MA 02215		501(C)(3)	10,497				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS AND RE BOWLING GREEN, OH 434030230	34-6402018	STATE OF OH	24,356				RESEARCH GRANT
BOYCE THOMPSON INSTITUTE FOR PLANT RESEARCH100 BOYCE THOMPSON TOWER ROAD ITHACA,NY 14853	13-1739923	501(C)(3)	629,110				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRADLEY UNIVERSITY 1501 W BRADLEY AVENUE 215 BRADLEY PEORIA,IL 616250313	37-0661949	501(C)(3)	29,145				RESEARCH GRANT
BRIGHAM & WOMENS HOSPITALONE BRIGHAM CIRCLE SUITE 418 DEPT O BOSTON, MA 02115	04-2312909	501(C)(3)	51,504				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM YOUNG UNIVERSITYA-285 ASB PROVO,UT 846021231	87-0217280	501(C)(3)	152,286				RESEARCH GRANT
BROWN UNIVERSITYBOX 1929 PROVIDENCE,RI 02912		501(C)(3)	19,492				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURKE MEDICAL RESEARCH INST785 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-3434924	501(C)(3)	490,425				RESEARCH GRANT
CALIFORNIA INSTITUTE OF TECHNOLOGY1200 E CALIFORNIA BLVD MAIL CODE PASADENA, CA 91125	95-1643307	501(C)(3)	567,907				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE MELLON UNIVERSITY5000 FORBES AVENUE PITTSBURGH,PA 15213	25-0969449	501(C)(3)	67,734				RESEARCH GRANT
CARY INSTITUTE OF ECOSYSTEM STUDIESBOX AB 2801 SHARON TURNPIKE MILLBROOK, NY 125450129	22-3232968	501(C)(3)	144,597				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIV115 YOST HALL 10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501(C)(3)	572,403				RESEARCH GRANT
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501(C)(3)	74,581				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD TRENDS INC4301 CONNECTICUT AVE NW SUITE 35 WASHINGTON, DC 20008	13-2982969	501(C)(3)	97,009				RESEARCH GRANT
CHILDRENS HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 022414413	04-2774441	501(C)(3)	250,633				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY HARVEST INC575 8TH AVENUE 4TH FLOOR NEW YORK, NY 10018	13-3170676	501(C)(3)	85,603				RESEARCH GRANT
CLAREMONT GRADUATE UNIVERSITY150 EAST NINTH ST CLAREMONT,CA 91711	95-1664100	501(C)(3)	74,506				RESEARCH GRANT

	-						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKSON UNIVERSITY8 CLARKSON AVENUE PO BOX 5630 POTSDAM,NY 136995630	15-0543659	501(C)(3)	40,503				RESEARCH GRANT
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND,OH 44195		501(C)(3)	18,077				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLD SPRING HARBOR LABORATORYP O BOX 100 1 BUNGTOWN ROAD COLDSPRINGHAR, NY 11724	11-2013303	501(C)(3)	16,219		other)		RESEARCH GRANT
COLD SPRING HARBOR LABORATORY1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	517,408				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLGATE UNIVERSITYG6 JAMES B COLGATE HALL 13 OAK DR HAMILTON,NY 133461398	15-0532078	501(C)(3)	28,945				RESEARCH GRANT
COLLEGE OF CHARLESTON 66 GEORGE ST CHARLESTON, SC 29424	57-6000265	501(C)(3)	36,697				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY601 SOUTH HOWES ST 408 UNIVERSITY FORT COLLINS,CO 805232002	84-6000545	STATE OF CO	175,552				RESEARCH GRANT
COLUMBIA UNIVERSITY SPONSORED PROJECTS ADMINSITRATION 615 WEST 131 STREET MC NEW YORK, NY 10027	13-5598093	501(C)(3)	654,802				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY MEDICAL630 WEST 168TH STREET 38 NEW YORK, NY 10032	13-5598093	501(C)(3)	611,679				RESEARCH GRANT
COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PER401 STATE STREET SCHENECTADY, NY 123052397			109,617				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINUUM HEALTH PARTNERS555 WEST 57TH STREET NEW YORK, NY 10019	13-3939476	501(C)(3)	32,240				RESEARCH GRANT
CORNELL COOPERATIVE EXTENSIONCORNELL COOPERATIVE EXTENSION VARIOUS,NY 99999	14-6271874	501(C)(3)	661,657				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORTLAND CITY SCHOOL DISTRICT1 VALLEY VIEW DRIVE CORTLEND,NY 13045	15-6002184	501(C)(3)	8,000				RESEARCH GRANT
CUBRC INC4455 GENESEE STREET BUFFALO,NY 14225	22-2505934	501(C)(3)	193,093				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE44 BINNEY STREET BOSTON,MA 021156084		501(C)(3)	182,232				RESEARCH GRANT
DICKINSON COLLEGEPO BOX 1773 CARLISE,PA 170132896	23-1365954	501(C)(3)	7,673				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRS SENSORS & TARGETING SYSTEMS INC 10600 VALLEY VIEW STREET CYPRESS,CA 906304833	27-0203897		81,948				RESEARCH GRANT
DUKE UNIVERSITYOFFICE OF RESEARCH SUPPORT 2200 WE DURHAM,NC 27705	56-0532129	501(C)(3)	75,531				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY MEDICAL CENTER932 MORREENE ROAD ROOM 213 DURHAM,NC 27705		501(C)(3)	8,890				RESEARCH GRANT
ECOAGRICULTURE PARTNERS730 11TH ST NW 301 WASHINGTON, DC 20001	31-1604142	501(C)(3)	12,177				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDU INC6900-29 DANIELS PARKWAY FORT MYERS,FL 33912	65-0434251		8,630				RESEARCH GRANT
EMORY UNIVERSITY954 GATEWOOD ROAD NE ATLANTA,GA 303294208		501(C)(3)	258,306				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET PC120 MIAMI,FL 33190	23-7047106	501(C)(3)	46,968				RESEARCH GRANT
FRANKLIN & MARSHALL COLLEGEPO BOX 3003 LANCASTER,PA 176043003	23-1352635	501(C)(3)	15,917				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENEFLOW INCPO BOX 230748 CENTREVILLE, VA 20120			34,600				RESEARCH GRANT
GEORGETOWN UNIVERSITY3800 RESERVOIR ROAD WASHINGTON,DC 20057	53-0196603	501(C)(3)	192,000				RESEARCH GRANT

· · · · · · · · · · · · · · · · · · ·	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY37TH AND O STREETS NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	85,595				RESEARCH GRANT
GEORGIA TECH RESEARCH CORP505 TENTH STREET N W ATLANTA,GA 30332		501(C)(3)	65,109				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TECH RESEARCH CORPORATION505 TENTH STREET NW ATLANTA,GA 30332		501(C)(3)	1,850,600				RESEARCH GRANT
HEALTH RESEARCH INC 150 BROADWAY SUITE 560 MENANDS,NY 12204	14-1402155	501(C)(3)	160,040				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC RIVERVIEW CENTER 150 BROADWAY SUI MENANDS,NY 122042719	14-1402155	501(C)(3)	193,524				RESEARCH GRANT
HEBREW HOME AT RIVERDALE5901 PALISADE AVENUE RIVERDALE,NY 10471	13-1739971	501(C)(3)	341,924				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOBART AND WILLIAM SMITH COLLEGES300 PULTENEY STREET GENEVA,NY 14456	16-0743040	501(C)(3)	37,267				RESEARCH GRANT
HONEYBEE ROBOTICS INC 460 W 34TH ST 7TH FLOOR NEW YORK, NY 10001	88-0193033		148,246				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH STREET NEWYORK,NY 10021	13-1624135	501(C)(3)	881,511				RESEARCH GRANT
HOWARD UNIVERSITY OFFICE OF SPONSORED PROGRAMS 576 W WASHINGTON, DC 20059	53-0204707	501(C)(3)	1,394,430				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUBBARD BROOK RESEARCH FOUNDATION 16 BUCK RD HANOVER,NH 03755	02-0474938	501(C)(3)	53,572				RESEARCH GRANT
HYBRID SILICA TECHNOLOGIES INC95 BROWN ROAD ITHACA,NY 14850			518,208				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY509 EAST 3RD STREET BLOOMINGTON,IN 474057000	35-6001673	STATE OF IN	23,884				RESEARCH GRANT
INDIANA UNIVERSITY OF PENNSYLVANIA107E STRIGHT HALL 210 SOUTH TENTH INDIANA,PA 15701	25-1470695	501(C)(3)	12,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSIGHTS INTERNATIONAL INCBOX 6401 ITHACA,NY 148516401	16-1404347		10,250				RESEARCH GRANT
INSTITUTE FOR LEARNING INNOVATION3168 BRAVERTON STREET SUITE 280 EDGEWATER, MD 21037	52-1467051	501(C)(3)	100,354				RESEARCH GRANT

	•			_			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR SYSTEMS BIOLOGY1441 N 34TH STREET SEATTLE, WA 98103	91-2003593	501(C)(3)	206,968				RESEARCH GRANT
INSTITUTE NEURO DEGENERATIVE 60 TEMPLE STREET SUITE 8B NEW HAVEN, CT 06511	06-1582206	501(C)(3)	30,066				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE2033 K STREET NW WASHINGTON, DC 20006	52-1041632	501(C)(3)	12,726				RESEARCH GRANT
INTERNATIONAL SERVICE FOR THE ACQUISITION OF AGRI-105 LELAND LAB ITHACA,NY 14853	52-1740743	501(C)(3)	148,666				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY 1138 PEARSON AMES,IA 500112207	42-6004224	STATE OF IA	42,996				RESEARCH GRANT
ISIS INC699 E SOUTH TEMPLE SUITE 300 UTAH,UT 84102			126,349				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITHACA COLLEGE130 ALUMNI HALL ITHACA COLLEGE ITHACA,NY 148507006	15-0532204	501(C)(3)	38,345				RESEARCH GRANT
JOAN AND SANFORD I WEILL MEDICAL COLLEGE OFFICE OF RESEARCH AND SPONSORED PR 1300 YORK AVENUE BOX 89 NEW YORK, NY 10021		501(C)(3)	6,276				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(C)(3)	144,000				RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY615 N WOLFE STREET SUITE W1100 BALTIMORE,MD 21205	52-0595110	501(C)(3)	115,502				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST ONE BREAK INC201 IU WILLETS ROAD ALBERTSON,NY 11507	13-1850854	501(C)(3)	15,734				RESEARCH GRANT
JUVENILE BIPOLAR550 RIDGEWOOD RD MAPLEWOOD,NJ 07040	16-1612095	501(C)(3)	11,808				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY2 FAIRCHILD HALL MANHATTAN, KS 665061103	48-0771751	STATE OF KS	348,250				RESEARCH GRANT
KINETX INC SPACE NAVIGATION AND FLIGHT DYNAMICS21 WEST EASY ST SUITE 108 SIMI VALLEY,CA 93065	77-0326085		120,626				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEHIGH UNIVERSITY526 BRODHEAD AVENUE BETHLEHEM,PA 180153046	24-0795445	501(C)(3)	84,107				RESEARCH GRANT
LIQUID ROBOTICS1329 MOFFETT PARK DRIVE SUNNYVALE, CA 94089			58,785				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALIN SPACE SCIENCE SYSTEMSPO BOX 910148 SAN DIEGO, CA 921910148	93-1046372		28,123				RESEARCH GRANT
MARINE BIOLOGICAL LABORATORY7 MARINE BIOLOGICAL LABORATORY STR WOODS HOLE, MA 025431015		501(C)(3)	129,201				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE,WI 532011181	39-0806251	501(C)(3)	16,096				RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL50 STANFORD STREET- SUITE 1001 BOSTON, MA 02114	04-2697983	501(C)(3)	114,269				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVENUE NE30-7049 CAMBRIDGE, MA 02142	04-2103594	501(C)(3)	10,321				RESEARCH GRANT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVENUE RM E19-750 CAMBRIDGE, MA 021394307	04-2103594	501(C)(3)	61,877				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATHEMATICA POLICY RESEARCH INCPO BOX 2393 PRINCETON,NJ 08543	22-2112296		16,096				RESEARCH GRANT
MEDICAL COLLEGE OF WISCONSIN9200 W WISCONSIN AVENUE MILWAUKEE, WI 532263596		501(C)(3)	19,658				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY OF SOUTH CAROLIN326 CALHOUN STREET SUITE 308 CHARLESTON,SC 29401	57-6000722	STATE OF SC	12,731				RESEARCH GRANT
MEMORIAL SLOAN KETTERING1275 YORK AVENUE NEW YORK, NY 10021	13-1924236	501(C)(3)	2,054,905				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI UNIVERSITY102 ROUDEBUSH HALL OXFORD,OH 450563653	31-6402089	STATE OF OH	85,591				RESEARCH GRANT
MICHIGAN STATE UNIVERSITYCONTRACT GRANT ADMINISTRATION 30 E LANSING,MI 488241046	38-6005984	STATE OF MI	260,756				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN TECHNOLOGICAL UNIVERSITYRESEARCH SPONSORED PROGRAMS 308 HOUGHTON, MI 499311295	38-6005955	STATE OF MI	19,324				RESEARCH GRANT
MISSOURI STATE UNIVERSITY901 SOUTH NATIONAL AVENUE CARRINGT SPRINGFIELD,MO 65897	44-6000308	STATE OF MO	8,796				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTCLAIR STATE UNIVERSITYOFFICE OF RESEARCH SPONSORED PROG MONTCLAIR,NJ 07043	22-2912682	STATE OF NJ	50,105				RESEARCH GRANT
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK, NY 10029		501(C)(3)	356,566				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVIMIENTO PARA EL ALCANCE DE VIDA INDEPENDIENTE (PO BOX 25277 SAN JUAN, PR 009285277	66-0446732		24,720				RESEARCH GRANT
NARROWS INSTITUTE FOR BIOMEDICAL800 POLY PLACE MAINE CODE 151 BROOKLYN,NY 11209	11-3059470	501(C)(3)	13,995				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL AUDUBON SOCIETY700 BROADWAY NEW YORK,NY 10003	13-1624102	501(C)(3)	11,947				RESEARCH GRANT
NATIONAL RADIO ASTRONOMY OBSERVATORY520 EDGEMONT ROAD CHARLOTTESVILLE,VA 229032475	11-1630900	501(C)(3)	29,755				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD LEGAL SERVICES INC237 MAIN STREET SUITE 400 BUFFALO,NY 142032794	51-0198935	501(C)(3)	90,000				RESEARCH GRANT
NEW MEXICO STATE UNIVERSITYPO BOX 30001 MSC 3AFR LAS CRUCES, NM 880038001	85-6000401	STATE OF NM	123,070				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK CITY HEALTH AND HOSPITALS160 WATER STREET 7TH FL NEW YORK, NY 10038	13-2655001	STATE OF NY	542,755				RESEARCH GRANT
NEW YORK STATE REHABILITATION ASSOCIATION155 WASHINGTON AVE SUITE 410 ALBANY,NY 12210	14-1748065	501(C)(3)	100,000				RESEARCH GRANT

	•			<u> </u>			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY2701 SULLIVAN DRIVE SUITE 240 CB,NC 276957214	56-6000756	STATE OF NC	288,000				RESEARCH GRANT
NORTH CAROLINA STATE UNIVERSITY2701 SULLIVAN DRIVE SUITE 240 CAM RALEIGH,NC 276957514	56-6000756	STATE OF NC	250,012				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH WESTERN UNIVERSITY2205 TECH DRIVE HOGAN 2-100 EVANSTON,IL 602083500	36-2167817	501(C)(3)	71,753				RESEARCH GRANT
NORTHEAST ORGANIC FARMING ASSOCIATION OF NEW YORK249 HIGHLAND AVE ROCHESTER,NY 14620	03-0259137	501(C)(3)	46,773				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEASTERN UNIVERSITY360 HUNTINGTON AVENUE 960 RENAISSA BOSTON,MA 021155000		STATE OF MA	79,312				RESEARCH GRANT
NORTHWESTERN UNIVERSITY633 CLARK STREET SUITE 2-502 EVANSTON,IL 602081110	36-2167817	501(C)(3)	29,407				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU SCHOOL OF MEDICINE522 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	604,837				RESEARCH GRANT
OFS LABORATORIES LLC19 SCHOOLHOUSE ROAD SOMERSET,NJ 08873	16-1745377	NONE	159,066				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY 650 ACKERMAN ROAD ROOM344 COLUMBUS,OH 43202	31-6025986	STATE OF OH	456,473				RESEARCH GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 W SAM JACKSON PARK ROAD MAIL C PORTLAND, OR 972393098	93-1176109	STATE OF OR	144,929				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE UNIVERSITYPO BOX 1086 CORVALIS,OR 973811086	93-1070707	STATE OF OR	196,328				RESEARCH GRANT
OTHER (GOVERNMENTS UNIVERSITIESETC)			383,917				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALEONTOLOGICAL RESEARCH INSTITUTION 1259 TRUMANSBURG ROAD ITHACA,NY 14850	15-0554849	501(C)(3)	79,858				RESEARCH GRANT
PARTICLE SCIENCES INC 3894 COUNTNEY STREET STE 180 BETHLEHEM,NH 18017	23-2749752	501(C)(3)	183,448				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR FOOD SAFETY EDUCATION2345 CRYSTAL DRIVE SUITE 800 ARLINGTON,VA 22202	75-2977151	501(C)(3)	18,000				RESEARCH GRANT
PENNSYLVANIA STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 110 T UNIVERSITY PARK,PA 168027000	24-6000376	STATE OF PA	1,601,586				RESEARCH GRANT

	· · · · · · · · · · · · · · · · · · ·						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH STATE UNIVERSITY17 HIGH STREET MSC 51 PLYMOUTH,NH 03264		STATE OF NH	12,236				RESEARCH GRANT
POLISTES FOUNDATION INC133 WASHINGTON STREET BELMONT, MA 02478	02-0567125	501(C)(3)	19,950				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLYTECHNIC INSTITUTE OF NEW YORK UNIVERSITY 6 METROTECH CENTER BROOKLYN,NY 11201	11-1630820	501(C)(3)	22,108				RESEARCH GRANT
POMONA COLLEGE223 ALEXANDER HALL 550 NORTH COLL CLAREMONT, CA 91711	95-1664112	501(C)(3)	17,399				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORT CITY NEUROLOGY7 PORTLAND FARMS RD SCARBOROUGH,ME 04074	20-2978378	501(C)(3)	35,551				RESEARCH GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE OFFICE FOR SPONSORED RESEARCH 1350 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	837,249				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCETON UNIVERSITY4 NEW SOUTH BLDG PRINCETON,NJ 08544	21-0634501	501(C)(3)	270,049				RESEARCH GRANT
PROAVES20 N 36-61 BOGOTA,DC CO		501(C)(3)	67,430				RESEARCH GRANT

	· · · · · · · · · · · · · · · · · · ·						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE CENTER FOR INDEPENDENT LIVING 1262 WHITEHORSE HAMILTON SQUARE ROA HAMILTON,NJ 086903710	22-3391157	501(C)(3)	15,000				RESEARCH GRANT
PURDUE UNIVERSITY302 WOOD STREET SPS YOUNG HALL WEST LAFAYETTE,IN 479072108	35-6002041	STATE OF IN	212,020				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REALITY RESEARCH5916 SOUTH AVENUE WILLIAMSON,NY 14589	57-1142544		5,500				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIAROOM 3227 CHEADLE HALL SANTA BARBARA, CA 931062050	95-6006145	STATE OF CA	2,757,167				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE111 ACADEMY WAY SUITE 210 IRVINE,CA 92697	95-2226406	STATE OF CA	45,804				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGEL 10920 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 900246502	95-6006143	STATE OF CA	190,001				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN3003 S STATE STREET 1040 ANN ARBOR,MI 481091274	38-6006309	STATE OF MI	113,690				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIGANWOLVERINE TOWER ROOM 1056 3003 S ANN ARBOR, MI 481091274	38-6006309	STATE OF MI	1,627,377				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485		STATE OF MN	424,491				RESEARCH GRANT
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET WEST HALL TROY,NY 12180	14-1340095	501(C)(3)	373,869				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION FOR MENTAL150 BROADWAY SUITE301 MENANDS,NY 12204	14-1410842	501(C)(3)	701,731				RESEARCH GRANT
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC 140 OLD ORANGEBURG ROAD BLDG 35 ORANGEBURG, NY 10962	14-1410842	501(C)(3)	94,221				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF CUNY230 WEST 41ST STREET 7TH FL NEW YORK, NY 10036	13-1988190	501(C)(3)	717,026				RESEARCH GRANT
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW230 WEST 41ST STREET NEW YORK, NY 10036		501(C)(3)	116,943				RESEARCH GRANT

	· · · · · · · · · · · · · · · · · · ·						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF THE STATE UNIVERSITY OF NEW402 CROFTS HALL BUFFALO,NY 142607016	14-1368361	501(C)(3)	796,327				RESEARCH GRANT
RESOURCES FOR INDEPENDENT LIVING INC 351 HIGH STREET SUITE 103 BURLINGTON,NJ 08016	22-3314082	501(C)(3)	31,781				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER INSTITUTE OF TECHNOLOGY141 LOMB BUILDING ROCHESTER,NY 146235608	16-0743140	501(C)(3)	50,133				RESEARCH GRANT
ROCKEFELLER UNIVERSITY1230 YORK AVENUE NEW YORK, NY 100216399	13-1624158	501(C)(3)	555,198				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSH UNIVERSITY MEDICAL CENTER707 S WOOD STREET 0 ANNEX CHICAGO,IL 60612	36-2174823	501(C)(3)	133,937				RESEARCH GRANT
RUTGERS UNIVERSITY ADMINISTRATION SERVICES BLDG III NEW BRUNSWICK, NJ 08901	22-6001086	STATE OF NJ	345,357				RESEARCH GRANT

	`						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALISBURY UNIVERSITY UNIVERSITY RESEARCH SERVICES HOLLO SALISBURY,MD 21801	52-6002033	501(C)(3)	14,150				RESEARCH GRANT
SCIENCE TEACHERS ASSOCIATION OF NEW YORK STATE202 WEST END AVENUE MASSAPEQUA,NY 11758	14-1491527	501(C)(3)	5,774				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENCENTER DISCOVERY MUSEUM601 FIRST ST ITHACA,NY 14850	22-2470652	501(C)(3)	21,731				RESEARCH GRANT
SCIRE-SOUTHERN CALIFORNIA INSTITUTE 5901 E SEVENTH STREET LONG BEACH,CA 908225201		501(C)(3)	201,801				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE10550 NORTH TORREY PINES RD LA JOLLA,CA 92037		501(C)(3)	602,186				RESEARCH GRANT
SEA GRANT PENNSYLVANIA301 PENINSULA DR SUITE 3 ERIE,PA 16505	24-6000376	501(C)(3)	5,427				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEAVOSS ASSOCIATES INC101 OXFORD PLACE ITHACA,NY 14850	04-3633346		13,914				RESEARCH GRANT
SETI INSTITUTE189 BERNARDO A MOUNTAIN VIEW, CA 940432172	94-2951356	501(C)(3)	476,191				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTEMA UNIVERSITARIO ANA G MENDEZUNIVERSIDAD ME PO BOX 21150 SAN JUAN,PR 009281150			26,297				RESEARCH GRANT
SMITH COLLEGEOFFICE OF BUDGET AND GRANTS COLLEG NORTH HAMPTON, MA 01063	04-1843040	501(C)(3)	13,348				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA STATE UNIVERSITYADMIN 133 BOX 2201 BROOKINGS,SD 57007	46-6100364	STATE OF SD	206,726				RESEARCH GRANT
SPACE SCIENCE INSTITUTE4750 WALNUT STREET SUITE 205 BOULDER,CO 80301	84-1215290	501(C)(3)	15,027				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY DOWNSTATE MEDICAL CENTER450 CLARKSON AVENUE BOX 1213 BROOKLYN,NY 11203	14-1368361	STATE OF NY	34,763				RESEARCH GRANT
SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE,NY 13244	15-0532081	501(C)(3)	753,248				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M UNIVERSITY HEALTH SCIENCE400 HARVEY MITCHELL PKWY SO SUITE VALLEY PARK CENTER,TX 77845	74-1238434	STATE OF TX	101,504				RESEARCH GRANT
TEXAS TECH UNIVERSITY 203 HOLDEN HALL LUBBOCK,TX 794091035	75-6002622	STATE OF TX	158,184				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ADVOCACY CENTER 590 SOUTH AVENUE ROCHESTER,NY 14620	23-7298613	501(C)(3)	78,231				RESEARCH GRANT
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIO 340 PANAMA STREET STANFORD, CA 943056025	94-1156365	501(C)(3)	3,805,216				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOI1901 S FIRST STREET SUITE A CHAMPAIGN,IL 61820	37-6000511	STATE OF IL	319,665				RESEARCH GRANT
THE COALITION OF BEHAVIORAL HEALTH AGENCIES90 BROAD STREET 8TH FLOOR NEW YORK, NY 10004	13-2729071	501(C)(3)	50,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONNECTICUT AGRICULTURAL EXPERIMENT STATION123 HUNTINGTON STREET BOX 1106 NEW HAVEN, CT 065041106	06-6032987		61,043				RESEARCH GRANT
THE CONSERVATION FUND 1655 NORTH FORT MYER DRIVE SUITE 1 ARLINGTON, VA 222093199	52-1388917	501(C)(3)	5,152				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CREATIVE ADVANTAGE INC620 UNION STREET SCHENECTADY, NY 123051503	14-1605149		14,140				RESEARCH GRANT
THE CURATORS OF THE UNIVERSITY OF MISSOURI OFFICE OF SPONSORED PROGRAMS ADMINI COLUMBIA, MO 652111230	43-6003859	STATE OF MI	465,465				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREENHORNS FILM PROJECT22231 MULHOLLAND HWY SUITE 209 CALABASAS,CA 91302	95-4116679	501(C)(3)	31,443				RESEARCH GRANT
THE HOPE FOUNDATION 24 FRANK LLOYD WRIGHT DRIVE A3600 ANN ARBOR,MI 48106	74-2655302	501(C)(3)	10,465				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 1960 COLUMBUS, OH 432101063	31-6025986	STATE OF OH	137,653				RESEARCH GRANT
THE PLANETARY SOCIETY 85 S GRAND AVE PASADENA, CA 911051602	95-3423566	501(C)(3)	31,989				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 554552070	41-6007513	STATE OF MN	1,770,221				RESEARCH GRANT
THE UNIVERSITY OF TEXASNORTH OFFICE BUILDING SUITE 4300 AUSTIN,TX 787137726	74-0230239	STATE OF TX	860,149				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WILLIAM H MINER AGRICULTURAL RESEARCH INSTITPO BOX 90 1034 MINER FARM ROAD CHAZY,NY 12921	14-1414736	501(C)(3)	20,000				RESEARCH GRANT
TRIUMPH HOME HEALTH CARE INC19900 FARMINGTON RD LIVORICA,MI 48152		501(C)(3)	50,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUMAN STATE UNIVERSITY CONTROLLERS OFFICE 105 MCCLAIN HAL KIRKSVILLE, MO 635014221	43-6005833	STATE OF MO	47,409				RESEARCH GRANT
TRUSTEES OF DARTMOUTH COLLEGE		501(C)(3)	14,301				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA421 CURIE BLVD BRB II/III RM 911 PHILADELPHIA, PA 191046284	23-1352685	501(C)(3)	186,728				RESEARCH GRANT
TUFTS UNIVERSITY GRANTS AND CONTRACTS ADMINISTRATION BOSTON,MA 02111		501(C)(3)	83,646				RESEARCH GRANT

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government		п аррисавіс	grant		(book, FMV, appraisal, other)		or assistance
TULANE UNIVERSITY HEALTH1430 TULANE AVENUE TB-51 NEW ORLEANS, LA 70112		501(C)(3)	1,346,557				RESEARCH GRANT
ULSTER COUNTY BOCES 175 ROUTE 32 NORTH AT ULSTER BOCES NEW PALTZ, NY 12561	14-6003939	501(C)(3)	52,500				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION COLLEGECARRIAGE HOUSE 202 807 UNION ST SCHENECTADY,NY 12308	14-1338580	501(C)(3)	9,668				RESEARCH GRANT
UNITED HOME CARE SERVICES INC8400 NW 33RD STREET SUITE 400 MIAMI,FL 33122	59-1523943	501(C)(3)	50,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEIGHBORHOOD HOUSES OF NY IN70 WEST 36TH STREET 5TH FLOOR NEW YORK, NY 100188007	13-5563409	501(C)(3)	10,000				RESEARCH GRANT
UNITED SPINAL ASSOCIATION75-20 ASTORIA BLVD JACKSON HEIGHTS, NY 113701177	13-5612621	501(C)(3)	61,018				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH PO BOX 3000 BOULDER,CO 80307		501(C)(3)	783,302				RESEARCH GRANT
UNIVERSITY OF ARIZONA 888 N EUCLID AVENUE ROOM 510 TUCSON,AZ 85719	74-2652689	STATE OF AZ	50,504				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS120 OZARK HALL FAYETTEVILLE,AR 72701	71-6003252	STATE OF AR	189,058				RESEARCH GRANT
UNIVERSITY OF CALIFORNIA9500 GILMAN DR UCSD CENTRAL CASHI LA JOLLA,CA 920930009	95-6006144	STATE OF CA	298,795				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO P O BOX 37005 CHICAGO,IL 60637	36-2177139	501(C)(3)	54,441				RESEARCH GRANT
UNIVERSITY OF CHICAGO UNIV RESEARCH ADMIN 6030 S ELLI CHICAGO,IL 60637	36-2177139	501(C)(3)	345,984				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO1635 N URSULA SUITE 3400 AURORA,CO 80045	74-2161737	STATE OF CO	506,879				RESEARCH GRANT
UNIVERSITY OF COLORADO572 UCB BOULDER,CO 803090574	84-6000555	STATE OF CO	925,564				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT438 WHITNEY RD EXT UNIT 1133 STORRS,CT 062691133	06-0772160	STATE OF CT	47,841				RESEARCH GRANT
UNIVERSITY OF DELAWARE210 HULLIHEN HALL NEWARK,DE 197161551	51-6000297	STATE OF DE	28,214				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	STATE OF FL	15,832				RESEARCH GRANT
UNIVERSITY OF FLORIDA DIVISION OF SPONSORED RESEARCH 219 GAINESVILLE, FL 32611	59-6002052	STATE OF FL	101,401				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC617 BOYD GRADUATE STUDIES RESEARCH ATHENS, GA 306025016	58-1353149	501(C)(3)	87,583				RESEARCH GRANT
UNIVERSITY OF HAWAII 2530 DOLE STREET SAKAMAKI D200 HONOLULU,HI 96822	99-6000354	STATE OF HI	33,880				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HOUSTON 316 E CULLEN BUILDING HOUSTON,TX 772042015		STATE OF TX	333,269				RESEARCH GRANT
UNIVERSITY OF ILLINOIS 1737 WEST PLK STREET RESEARCH310 A CHICAGO,IL 606127727	37-6000511	STATE OF IL	65,716				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 2 GILMORE HALL DIVISION OF SPONSOR IOWA CITY,IA 52242	42-6004813	STATE OF IA	14,579				RESEARCH GRANT
UNIVERSITY OF KANSAS 2385 IRVING HILL ROAD YOUNGBERG HA LAWRENCE, KS 660457563	48-0680177	STATE OF KA	59,322				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	STATE OF KY	41,572				RESEARCH GRANT
UNIVERSITY OF MAINE (SYSTEM)5717 CORBETT HALL ORONO,ME 044695717	01-6000769	STATE OF ME	107,416				RESEARCH GRANT

						1	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 207425141	52-6002033	STATE OF MD	293,826				RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS RESEARCH ADMINISTRATION BUILDING 7 AMHERST, MA 010039242		STATE OF MA	88,478				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY65 BERGEN STREET NEWARK,NJ 07101	22-1775306	STATE OF NY	45,341				RESEARCH GRANT
UNIVERSITY OF MIAMI 1501 NORTHWEST 9 AVENUE 2ND FLOOR MIAMI,FL 33136		501(C)(3)	59,797				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN2570 MSRBII1150 W MED CENTER DR ANN ARBOR, MI 481090674	38-6006309	STATE OF MI	9,130				RESEARCH GRANT
UNIVERSITY OF NEBRASKA312 N 14TH STREET PO BOX 880430 LINCOLN,NE 685880430	47-0049123	STATE OF NE	185,879				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAMPSHIRE111 SERVICE BLDG 51 COLLEGE RD 2 DURHAM,NH 03824		STATE OF NH	59,605				RESEARCH GRANT
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE SUITE 2200 CB CHAPEL HILL, NC 275991350	56-6001393	STATE OF NC	79,296				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT GREENSBOROPOB 26170 SUITE 1601 ROOM 1713 MH GREENSBOTO,NC 274026170	56-1611588	STATE OF NC	37,476				RESEARCH GRANT
UNIVERSITY OF PENNSYLVANIAP221 FRANKLIN BLDG 3451 WALNUT STR PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	465,398				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA MEDICAL 150 MONUMENT ROAD SUITE 30004 BALA CYNWYD,PA 19004	23-2810852	501(C)(3)	26,210				RESEARCH GRANT
UNIVERSITY OF RHODE ISLAND70 LOWER COLLEGE RD KINGSTON,RI 02881	05-6000522	STATE OF RI	52,151				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER515 HYLAN BLDG RC BOX 270140 ROCHESTER, NY 146270140	16-0743209	501(C)(3)	630,516				RESEARCH GRANT
UNIVERSITY OF ROCHESTERPO BOX 270037 ROCHESTER, NY 14627		501(C)(3)	258,054				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA FILE NO 52095 LOS ANGELES, CA 90074	95-1642394	501(C)(3)	627,471				RESEARCH GRANT
UNIVERSITY OF SOUTHERN CALIFORNIA 837 W DOWNEY WAY STO 330 LOS ANGELES, CA 900891147	95-1642394	501(C)(3)	477,336				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE855 MONROE AVENUE ROOM 427 MEMPHIS,TN 38163	62-6001636	STATE OF TN	16,191				RESEARCH GRANT
UNIVERSITY OF TENNESSEE1534 WHITE AVENUE KNOXVILLE,TN 379964506	62-6001636	STATE OF TN	260,805				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT5323 HARRY HINES BOULEVARD DALLAS,TX 753909041		STATE OF TX	157,456				RESEARCH GRANT
UNIVERSITY OF UTAH201 S PRESIDENTS CIRCLE ROOM 40 SALTLAKECITY,UT 84112	87-6000525	STATE OF UT	69,830				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 1471 E FEDERAL WAY SALT LAKE CITY,UT 84112	87-6000525	STATE OF UT	85,578				RESEARCH GRANT
UNIVERSITY OF VERMONT 340 WATERMAN BLDG BURLINGTON,VT 05405		STATE OF UT	62,887				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA OFFICE OF SPONSORED PROGRAMS CARR CHARLOTTESVILLE, VA 229044195	54-6001796	STATE OF VA	94,795				RESEARCH GRANT
UNIVERSITY OF WASHINGTON4333 BROOKLYN AVE NE SEATTLE, WA 981959472	91-6001537	STATE OF WA	1,182,384				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSINRESEARCH SPONSORED PROGRAMS 21 N MADISON, WI 53715	39-6028867	STATE OF WI	363,065				RESEARCH GRANT
UNIVERSTIY OF MIAMI 4600 RICKENBACKER CAUSEWAY MIAMI,FL 331491031	59-0624458	STATE OF FL	7,840				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US BUSINESS LEADERSHIP NETWORK1501 M ST NW 7TH FLOOR WASHINGTON, DC 20005	26-0482057	501(C)(3)	85,319				RESEARCH GRANT
US GEOLOGICAL SURVEY GEOLOGICAL SURVEY 2255 NORTH GEMIN FLAGSTAFF,AZ 86001	53-0196958	US GOVT	466,721				RESEARCH GRANT

(a) Name and address of	(b) EIN	(c) IPC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(a) Description of	(b) Burnoso of grant
organization or government	(B) EIN	(c) IRC Code section if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					 		
USDA-ARS950 COLLEGE STATION ROAD ATHENS,GA 30604	72-0564834	US GOVT	421,368				RESEARCH GRANT
VANDERBILT UNIVERSITY 110 21ST AVENUE SOUTH SUITE 937 NASHVILLE,TN 372357749	62-0476822	501(C)(3)	105,807				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICALDEPT AT 40379 ATLANTA,GA 31192		501(C)(3)	177,387				RESEARCH GRANT
VANGENT INC185 SOUTH BROAD STREET SUITE 201 PAWCATUCK,CT 06379			40,000				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT CENTER FOR ECOSTUDIES VCEPO BOX 420 NORWICH, VT 05055	53-0196958		32,714				RESEARCH GRANT
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 1880 PRATT DRIVE SUITE 2006 BLACKSBURG, VA 24060	54-6001805	STATE OF VA	94,177				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK INC 1050 WEST GENESSE STREET SYRACUSE, NY 13204		501(C)(3)	50,000				RESEARCH GRANT
VISITING NURSE SERVICE OF NY360 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-2601443	501(C)(3)	15,842				RESEARCH GRANT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALDRON EDUCATIONAL CONSULTING8201 E SCHOOLER RD CENTRALIA,MO 65240			25,200				RESEARCH GRANT
WASHINGTON STATE UNIVERSITYOFFICE OF GRANT RESEARCH DEVELOPM PULLMAN,WA 991643140	91-6001108	STATE OF WA	10,608				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITYCAMPUS BO 1034 700 ROSEDALE ST LOUIS,MO 63112140	43-0653611	501(C)(3)	853,841				RESEARCH GRANT
WELLESLEY COLLEGE106 CENTRAL STREET GRH13 WELLESLEY,MA 02481		501(C)(3)	53,335				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION886 CHESTNUT RIDGE ROAD PO BOX 684 MORGANTOWN, WV 265066845	55-0665758	STATE OF WV	63,172				RESEARCH GRANT
WESTERN INSTITUTIONAL REVIEWPO BOX 12029 OLYMPIA, WA 98508	91-1002554	501(C)(3)	7,787				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINIFRED MASTERSON BURKE785 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-3434924	501(C)(3)	39,260				RESEARCH GRANT
WOODS HOLE OCEANOGRAPHIC INST GRANT CONTRACT SERVICES BELL HOU WOODS HOLE, MA 02543		501(C)(3)	189,707				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD RESOURCES INSTITUTE10 G STREET NE SUITE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	21,494				RESEARCH GRANT
YALE UNIVERSITYPO BOX 2503A NEW HAVEN,CT 06520		501(C)(3)	84,549				RESEARCH GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY214 WHITNEY AVENUE ROOM 230 NEW HAVEN,CT 065208337		501(C)(3)	105,532				RESEARCH GRANT
BETTER HOUSING FOR TOMKINS COUNTY INC950 DANBY RD ITHACA,NY 14850	22-2378089	501 (C)(3)	10,000				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAYUGA LAKE WATERSHED NETWORK170 MAIN ST ITHACA,NY 14850	16-1556541	501 (C)(3)	7,500				COMMUNITY SUPPORT
COMMUNITY ARTS PARTNERSHIP171 E STATE STREET ITHACA,NY 14850	16-1384455	501 (C)(3)	7,000				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCIENCE INSTITUTE701 SPENCER RD ITHACA,NY 14850	16-0910547	501 (C)(3)	6,700				COMMUNITY SUPPORT
DAY CARE AND CHILD DEVLEOPMENT COUNCIL 609 W CLINTON ST ITHACA,NY 14850	16-0918618	501 (C)(3)	42,000				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable (d) Amount of cash grant cash assistance		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
DOWNTOWN ITHACA ALLIANCE312 EAST SENECA ST ITHACA,NY 14850	16-1521626	501 (C)(3)	6,300				COMMUNITY SUPPORT
FAMILY AND CHILDRENS SERVICE OF ITHACA127 W STATE ST ITHACA,NY 14850	15-0589039	501 (C)(3)	27,500				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINGER LAKES WINE CENTER INC237 S CAYUGA ST ITHACA,NY 14850	51-0533474	501 (C)(3)	7,500				COMMUNITY SUPPORT
ITHACA NEIGHBORHOOD HOUSING SERVICES115 WEST CLINTON ST ITHACA,NY 14850	22-2141948	501 (C)(3)	15,000				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITHACA PUBLIC EDUCATION INITIATIVE INCPO BOX 4268 ITHACA,NY 14852	16-1506703	501 (C)(3)	10,450				COMMUNITY SUPPORT
THE FINGER LAKES LAND TRUST INC202 E COURT ST ITHACA,NY 14850	22-2983688	501 (C)(3)	25,000				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMPKINS COUNTY AREA DEVELOPMENT200 E BUFFALO ST ITHACA,NY 14850	16-6058339	501 (C)(3)	32,250				COMMUNITY SUPPORT
TOMPKINS COUNTY CHAMBER OF COMMERCE 904 E SHORE RD ITHACA,NY 14850	15-0348795	501 (C)(3)	8,020				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable (d) Amount of cash grant		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOMPKINS COUNTY PUBLIC LIBRARY101 E GREEN ST ITHACA,NY 14850	16-1098211	501 (C)(3)	10,000				COMMUNITY SUPPORT
UNITED WAY OF TOMKINS COUNTY313 N AURORA ST ITHACA,NY 14850	15-0572883	501 (C)(3)	8,500				COMMUNITY SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL CHARITIES (ITHACA) MISC		501 (C)(3)	12,805				COMMUNITY SUPPORT
LOCAL (ITHACA) GOVERNMENT AGENCIES		ITHAKA GOVT	724,770				COMMUNITY SUPPORT

DLN: 93493135056372

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

<u> </u>	•	
Name of the organization CORNELL UNIVERSITY		Employer identification number
		15-0532082
Part I Questions Regarding Compensation		

		Yes	Νo					
Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form								
·								
Personal Services (e.g., maid, chauleur, cher)								
If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes						
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?								
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								
Form 990 of other organizations ✓ Approval by the board or compensation committee								
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								
Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No					
Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes						
Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo					
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								
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								
The organization?	5a		Νo					
Any related organization?	5b		Νo					
If "Yes," to line 5a or 5b, describe in Part III								
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								
The organization?	6a		Νo					
Any related organization?	6b		Νo					
If "Yes," to line 6a or 6b, describe in Part III								
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								
Were any amounts reported in Form 990, Part VII, paid or accured 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								
If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 $4958-6(c)$?	9							
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel	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, Jine 1a Complete Part III to provide any relevant information regarding these items Form First-class or charter travel First-class or charter travel Travel for companions Payments for business use of personal residence for personal residence for Travel for companions Favored for companions Payments for business use of personal residence for personal residence for Travel for companions Formation and gross-up payments Fuelation social club dues or initiation fees Discretionary spending account Formation and gross-up payments Fuelation social club dues or initiation fees Discretionary spending account Formation and gross-up payments Fuelation social club dues or initiation fees Discretionary spending account Fuelation social club dues or initiation fees Discretionary spending account Fuelation social club dues or initiation fees Discretionary spending account Fuelation social club dues or initiation fees Discretionary spending account Fuelation social club dues or initiation fees Discretionary spending account Fuelation social club dues or initiation fees Fuelationary spending account Fuelation social club dues or initiation fees Fuelation social club dues or part VIII Fuelation social club dues or part VIII Fuelation social club dues or part VIII Fuelation social club due organization or personal section or due the subject of the finite fee fuelation fees Fuelation social club du					

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

For each individual whose compensation must be reported 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

Note: The sum of columns (b)	, (., (,		.s.c coldiiii (b) of cold	(2) amounts on ro	> > 0, 1 are v 11, iiiic .	± •		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	•	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(B)(I)-(D)	Form 990 or Form 990-EZ
(1) DAVID J SKORTON	(I) (II)	657,965 0	0	29,760 0	68,500 0	97,857 0	854,082 0	0
(2) W KENT FUCHS	(1) (11)	481,887 0	26,600 0	21,402 0	24,500 0	21,848 0	576,237 0	0
(3) ANTONIO M GOTTO JR	(I) (II)	423,744 0	0	6,641 0	965,905 0	61,773 0	1,458,063 0	0 C
(4) JOANNE M DESTEFANO	(I) (II)	274,478 0	0	16,500 0	35,531 0	7,440 0	333,949 0	0
(5) JAMES J MINGLE	(1) (11)	391,557 0	16,042 0	22,472 0	24,500 0	16,854 0	471,424 0	0
(6) PAK H CHUNG MD	(1) (11)	61,628 0	0	2,183,099 0	26,160 0	28,240 0	2,299,127 0	0
(7) ISAAC KLIGMAN MD	(I) (II)	44,335 0	0	2,182,556 0	36,660 0	23,353 0	2,286,904 0	0
(8) ZEV ROSENWAKS MD	(I) (II)	289,166 0	0	3,742,430 0	36,660 0	15,720 0	4,083,976 0	0
(9) PHILIP E STEIG MD	(I) (II)	358,044 0	0	2,167,868 0	36,660 0	27,206 0	2,589,778 0	0
(10) STEVEN D SPANDORFER MD	(I) (II)	45,431 0	0 0	3,186,129 0	26,160 0	24,147 0	3,281,867 0	0
(11) JAMES H WALSH	(I) (II)	365,712 0	66,300 0	00	30,583 0	10,649 0	473,244 0	0
(12) DANIEL M KNOWLES MD	(I) (II)	412,578 0	0	692,715 0	36,660 0	15,822 0	1,157,776 0	0
(13) HUNTER RAWLINGS III	(I) (II)	294,305 0	0 0	12,266 0	24,500 0	20,761 0	351,832 0	0
(14) STEPHEN T GOLDING	(I) (II)	218,238 0	277,000 0	5,330 0	28,225 0	9,963 0	538,756 0	0
(15) ROSEMARY J AVERY	(I) (II)	163,105 0	0	33,778 0	29,142 0	9,440 0	235,465 0	0
(16) NELSON G HAIRSTON	(ı) (ıı)	169,346 0	0	500 0	17,306 0	10,975 0	198,127 0	0
							6.11	ulo 1 (Form 000) 2010

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

Identifier	Return Reference	Explanation
LINE 1A		PAYMENT OR REIMBURSEMENT OF THE EXPENSES DESCRIBED IN 1A IS COVERED BY THE UNIVERSITY'S TRAVEL POLICIES OR SPECIFIC EMPLOYMENT CONTRACTS THERE IS OCCASIONALLY UNIT DISCRETION
LINE 4B		THE PRESIDENT AND PROVOST OF MEDICAL AFFAIRS PARTICIPATE IN BOARD AUTHORIZED DEFERRED COMPENSATION AGREEMENTS UNDER IRC SECTION 457(F) THE DEFERRAL FOR THE PROVOST AND DEAN OF THE MEDICAL COLLEGE OF \$ 929,245 UNDER IRC SECTION 457(F) ARE DISCLOSED ON SCHEDULE J, PART II, COLUMN (C) FOR EACH INDIVIDUAL AS A COMPONENT OF OVERALL QUALIFIED AND NON-QUALIFIED 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 TRUSTEES		THE CORNELL BOARD INCLUDES FACULTY, STAFF AND STUDENTS FACULTY MEMBERS ELECT TWO (2) MEMBERS, THE STUDENT BODY ELECTS TWO (2) MEMBERS, THE "EMPLOYEE ASSEMBLIES" ELECT ONE (1) MEMBER FOR FISCAL YEAR ENDED JUNE 30, 2011, THE FACULTY MEMBERS WERE ROSEMARY J AVERY AND NELSON G HAIRSTON, THE STUDENT REPRESENTATIVES WERE ASA J CRAIG, AND DARRICK T N EVENSON, AND THE EMPLOYEE REPRESENTATIVE WAS BETH MCKINNEY

Schedule J (Form 990) 2010

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

				y Employees, and				(-) 0 .
(A) Name	- }		W-2 and/or 1099-MIS (ii) Bonus &	·	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form
		(i) Base Compensation	incentive compensation	(iii) Other compensation	2000-2000		(=/(-/	990 or Form 990-EZ
DAVID J SKORTON ((657,965 0	0 0	29,760 0	68,500 0	97,857 0	854,082 0	0
W KENT FUCHS	(i) (ii)	481,887 0 26,600 0		21,402 0	24,500 0	21,848 0	576,237 0	0
ANTONIO M GOTTO JR	(I) (II)	423,744 0	0 0	6,641 0	965,905 0	61,773 0	1,458,063 0	0
JOANNE M DESTEFANO	(I) (II)	274,478 0	0 0	16,500 0	35,531 0	7,440 0	333,949 0	0
JAMES J MINGLE	(ı) (ıı)	391,557 0	16,042 0	22,472 0	24,500 0	16,854 0	471,424 0	0
PAK H CHUNG MD	(I) (II)	61,628 0	0	2,183,099 0	26,160 0	28,240 0	2,299,127 0	0
ISAAC KLIGMAN MD	(I) (II)	44,335 0	0	2,182,556 0	36,660 0	23,353 0	2,286,904 0	0
ZEV ROSENWAKS MD	(ı) (ıı)	289,166 0	289,166 0 0		36,660 0	15,720 0	4,083,976 0	0
PHILIP E STEIG MD	(ı) (ıı)	358,044 0	0	2,167,868 0	36,660 0	27,206 0	2,589,778 0	0
STEVEN D SPANDORFER MD	(I) (II)	45,431 0	0	3,186,129 0	26,160 0	24,147 0	3,281,867 0	0
JAMES H WALSH	(I) (II)	365,712 0	66,300 0	0 0	30,583 0	10,649 0	473,244 0	0
DANIEL M KNOWLES MD	(I) (II)	412,578 0	0	692,715 0	36,660 0	15,822 0	1,157,776 0	0
HUNTER RAWLINGS	(I) (II)	294,305 0	0	12,266 0	24,500 0	20,761 0	351,832 0	0
STEPHEN T GOLDING	(I) (II)	218,238 0	277,000 0	5,330 0	28,225 0	9,963 0	538,756 0	0
ROSEMARY JAVERY	(I) (II)	163,105 0	0	33,778 0	29,142 0	9,440 0	235,465	0
NELSON G HAIRSTON	(ı) (ıı)	169,346 0	0	500 0	17,306 0	10,975 0	198,127 0	0

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.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Inspection

Employer identification number

DLN: 93493135056372 OMB No 1545-0047

15-0532082

Name of the organization CORNELL UNIVERSITY

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) Def	(g) Defeased		On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	DASNY (SERIES 1990B) - SEE PART V	14-6000293	649905ZH2	05-03-2010	55,997	7,134		ND 1990B B 9/1990)	ONDS		X		X		x
В	DASNY (SERIES 2004A & SERIES 2004B)	14-6000293	64983TRF2	05-27-2004	92,100	,000	SEE P	PART V			х		Х		х
c	DASNY (SERIES 2006A)	14-6000293	64983QL98	05-11-2006	258,479	,025	SEE PART V				Х		Х		Х
D	DASNY (SERIES 2008B AND SERIES 2008C)	14-6000293	649905A97	05-03-2010	139,688		REFUI BO N D	NDED 2008 DS	DASNY		х		Х		х
_															
	art III Proceeds														
	Proceeds					\	I		3		С			D	
1	A mount of bonds retired	A mount of bonds retired					,000		10,500,000			880,000			,365,000
2	Amount of bonds legally defe	ased					0		0						0
3	Total proceeds of issue				!	55,997	,134		92,663,883		261,	813,216	5	139	,688,300
4	Gross proceeds in reserve fu	ınds					0		0			(0
5	Capitalized interest from prod	ceeds					0		0			(0
6	Proceeds in refunding escrow	v			!	55,997,154 40,805,000		178,717,543			138,918,000				
7	Issuance costs from proceed	ds				0 1,482,587		3,511,634							
8	Credit enhancement from pro	ceeds					0		0	0					
9	Working capital expenditures	from proceeds					0		0			(0
10	Capital expenditures from pro	oceeds					0		50,376,296		79,	584,039)		0
11	O ther spent proceeds						0		0			()		0
12	O ther unspent proceeds						0		0			()		0
13	Year of substantial completion	on			20	10		20	06		2008			2010	
					Yes	No	0	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part of a current refunding issue?				Х			X		X			X		
15	Were the bonds issued as pa			Х			Х			Χ			Х		
16	Has the final allocation of pro	oceeds been made?			Х			Х		X			×		
17	Does the organization mainta allocation of proceeds?	aın adequate books	and records to sup	port the final	х			Х		Х			Х		

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Part IIII Private Business Use

financed property?

property financed by tax-exempt bonds?

No

Χ

Α

Yes

Χ

В

No

Χ

Yes

Χ

Yes

D

No

Χ

С

No

Χ

Yes

Χ

Part III Private Business Use (Continued)

			4		В С			D	
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	Х		×		х		×	
ь	Are there any research agreements that may result in private business use of bond-financed property?	Х		×		х		×	
С	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?	Х		×		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		0 100 %		0 100 %		0 100 %		0 100 %
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		0 100 %		0 %	0 100 %		0 %	
6	Total of lines 4 and 5		0 200 %		0 100 %		0 200 %		0 100 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х	

Pai	rt IV Arbitrage								
		Α		В		С		D	
		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?		х		х		х		x
	Is the bond issue a variable rate issue?		X	X			X		×
			 ^		 		 ^	 	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		×		x		х
ь	Name of provider	NOT APPLIC	ABLE	NOT APPLIC	ABLE	NOT APPLIC	ABLE		
С	Term of hedge		0	1	0		0		0
d	Was the hedge superintegrated?		Х		х		х		×
е	Was a hedge terminated?		х		х		х		х
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
ь	Name of provider	NOT APPLIC	ABLE	NOT APPLIC	ABLE	NOT APPLICABLE NOT AP		NOT APPLIC	ABLE
С С	Term of GIC		0		0		0		0
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		х		Х		х		х
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		х
6	Did the bond issue qualify for an exception to rebate?	х		х		Х		Х	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

1		
Identifier	Return Reference	Explanation
	SEE SCHEDULE O	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135056372

Schedule L

(Form 990 or 990-EZ)

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization CORNELL UNIVERSITY 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 (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

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	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
SB ASHLEY MGM CO	TRUSTEE	331,551	REAL ESTATE MANAGEMENT FEES		No
SB ASHLEY MGM CO	TRUSTEE	6,675	RENTAL INCOME PAID TO UNIV		No
MC VARIOUS FUNDS	TRUSTEE	62,736	INVESTMENT MANAGEMENT FEES		No
MC VARIOUS FUNDS	TRUSTEE	6,219,440	DISTRIBUTION PAID TO UNIV		No
FIRST RESERVE VARIOUS FUNDS	FAMILY TRUSTEE	709,260	INVESTMENT BY UNIV		No
FIRST RESERVE VARIOUS FUNDS	FAMILY TRUSTEE	5,287,094	DISTRIBUTION PAID TO UNIV		No
US VENTURE VARIOUS FUNDS	FORMER TRUSTEE	1,080,000	INVESTMENT BY UNIV		No
US VENTURE VARIOUS FUNDS	FORMER TRUSTEE	973,480	DISTRIBUTION PAID TO UNIV		No
CHARLES RIVER VARIOUS FUNDS	TRUSTEE	179,141	INVESTMENT BY UNIV		No
CHARLES RIVER VARIOUS FUNDS	TRUSTEE	1,902,672	DISTRIBUTION PAID TO UNIV		No
P DeStefano	OFFICER'S SPOUSE	74,099	COMPENSATION		No
R DAVISSON	OFFICER'S SPOUSE	178,750	COMPENSATION		No

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

·		_			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing o organization's revenues?	
	organization			Yes	No
ASTRA ZENECA INC	OFFICER'S INTEREST	4,500	GRANT TO UNIVESITY		No
FERRING PHARMACEUTICALS INC	OFFICER'S INTEREST	8,740	GRANT TO UNIVESITY		No
MERCK INC	OFFICER'S INTEREST	186,702	GRANT TO UNIVESITY		No
KOWA PHARMACEUTICALS INC	OFFICER'S INTEREST	100,000	GRANT TO UNIVESITY		No
HBK OFFSHORE FUND LTD	TRUSTEE	3.471.417	REDEMPTION		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

NonCash Contributions

DLN: 93493135056372

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization

Employer identification number

CORN	ELE ONIVERSITI				15-05	32082			
Pa	rt I Types of Property			•					
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho amour	d of determini nts	(d) ng oncash o	contribut	ion
1	Art—Works of art	Х	63	1,713,390	FMV	GEN APPR	AISALS		
2	Art—Historical treasures								
3	Art—Fractional interests								
	Books and publications	Х		1,994,952	FMV	GEN APPR	AISALS		
5 good	Clothing and household								
6	Cars and other vehicles .								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded	Х	415	6,507,697	SALE	SPRICE			
	Securities—Closely held stock								
	Securities—Partnership, LLC, or trust interests .								
	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Q ualified conservation contribution—O ther								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
	Food inventory								
	Drugs and medical supplies								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts .		206	2 426 244			=		
	Other ► (SUPPLIES)	X	236	2,406,841	-				
	Other ► (HORSES)	X	22		_	ERSITY MI			
	Other► (EQUIPMENT)	X	5	1,696,655	FIMI V	OF USE VA	LUE		
	O ther ► () Number of Forms 8283 received b		numbers during the tay was	 					
29	for which the organization complete				29				21
	J		, ,	J				Yes	No
30a	During the year, did the organization	on receive	e by contribution any prope	rty reported in Part I, lines	1-28	that it			
	must hold for at least three years f	rom the c	late of the initial contribution	on, and which is not require	d to b	e used			
	for exempt purposes for the entire	holding p	eriod?				30a		No
b	If "Yes," describe the arrangement	t ın Part I	I						
31	Does the organization have a gift a	cceptano	e policy that requires the r	review of any non-standard	contri	butions?	31	Yes	
32a	Does the organization hire or use t	hırd partı	es or related organizations	to solicit, process, or sell	non-c	ash 	. 32a	Yes	
b	If "Yes," describe in Part II								
33	If the organization did not report redescribe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a) is ch	ecked,			

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
SCHEDULE M		THE UNIVERSITY USES BROKERS TO SELL GIFTS OF PUBLICLY TRADED SECURITITES AND REAL ESTATE BROKERS TO SELL GIFTED REAL ESTATE IF, IN ANY YEAR, GIFTS OF REAL ESTATE ARE RECEIVED BOOKS THE UNIVERSITY DOES NOT SEEK TO IDENTIFY THE SPECIFIC NUMBER OF DONORS FOR CONTRIBUTIONS OF BOOKS HORSES THE UNIVERSITY ESTABLISHED A STANDARD VALUATION METHODOLOGY FOR RECORDING A DE MINIMIS VALUE IN THE GENERAL LEDGER FOR CONTRIBUTIONS OF ANY ANIMALS

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493135056372

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Identifier	Return Reference	Explanation
PART I		SUMMARY INDEPENDENT BOARD MEMBERS A MEMBER OF THE BOARD, FOR PURPOSES OF FORM 990, IS NOT CONSIDERED INDEPENDENT IF THE INDIVIDUAL IS OTHERWISE EMPLOYED BY THE UNIVERSITY OR HAS A BUSINESS RELATIONSHIP WITH THE UNIVERSITY REPORTED ON SCHEDULE L NUMBER OF VOLUNTEERS THE UNIVERSITY HAS AN EXTENSIVE VOLUNTEER BASE BUT, FOR PURPOSES OF FORM 990, WE ESTIMATE THE NUMBER OF VOLUNTEERS

Identifier	Return Reference	Explanation
PART III		DESCRIPTION OF THE ORGANIZATION'S MISSION PROVIDE UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS, DISCOVER, PRESERVE, AND DISSEMINATE KNOWLEDGE, PRODUCE CREATIVE WORK AND PROMOTE A CULTURE OF BROAD INQUIRY STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS OTHER PROGRAM SERVICES THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, THE LAND-GRANT MISSION, ACADEMIC CONFERENCES, PUBLICATIONS AND ROOM AND BOARD FOR THE STUDENT BODY

Identifier	Return Reference	Explanation
PART VI		GOVERNANCE, MANAGEMENT AND DISCLOSURE INFORMATION ON RELATIONSHIPS THE UNIVERSITY RELIES ON THE FOLLOWING DOCUMENTATION FOR DISCLOSURE OF RELATIONSHIPS THE POLICY ON STANDARDS OF ETHICAL CONDUCT AND CONFLICTS OF INTEREST AND THE ANNUAL STATEMENTS FOR REPORTING SUCH CONFLICTS INFORMATION ON ELECTING BOARD MEMBERS UNDER THE UNIVERSITY'S BY-LAWS, THE FACULTY ELECTS TWO MEMBERS, EMPLOYEES OTHER THAN FACULTY ELECT ONE MEMBER, STUDENTS ELECT TWO MEMBERS AND ALUMINI ELECT EIGHT MEMBERS FOR STAGGERED TERMS OF FOUR YEARS EACH REVIEW PROCESS FOR FORM 990 IN ADVANCE OF FILING, THE UNIVERSITY PRESENTS A DRAFT OF FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND ALSO MAKES A COPY AVAILABLE TO THE ENTIRE BOARD ON THE BOARD'S SECURE WEBSITE

Identifier	Return Reference	Explanation
PART VI		INFORMATION ON MONITORING CONFLICTS OF INTERESTS UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, OTHER KEY EMPLOYEES AND FACULTY MEMBERS MUST FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT ANY CONFLICT IDENTIFIED IS REPORTED TO THE APPROPRIATE OFFICE RESPONSIBLE FOR MANAGING THE CONFLICT, SUCH AS THE REAL ESTATE OFFICE FOR REAL ESTATE MATTERS THIS PROCEDURE IS DESIGNED TO HELP ENSURE THAT SUCH TRANSACTIONS ARE SUBJECT TO ADDITIONAL REVIEW AND AUTHORIZATION

Identifier	Return Reference	Explanation
PART VI		COMPENSATION THE UNIVERSITY HAS FORMAL PROCEDURES TO AUTHORIZE AND MANAGE COMPENSATION ISSUES THE PROCEDURES IDENTIFIED BELOW APPLY TO ALL OFFICERS, ALL FORMER OFFICERS WHO CONTINUE TO PROVIDE SERVICES TO THE INSTITUTION AS A WHOLE, ALL EMPLOYEES WHO OCCUPY CERTAIN ROLES SUCH AS DEAN AND VICE PRESIDENT, AND ALL EMPLOYEES WHOSE COMPENSATION EXCEEDS A PRE-ESTABLISHED THRESHOLD THE VICE PRESIDENT FOR THE DIVISION OF HUMAN RESOURCES ("VP") DEVELOPS THE LIST OF INDIVIDUALS SUBJECT TO REVIEW AND OBTAINS COMPARATIVE DATA FROM EXTERNAL, INDEPENDENT COMPENSATION CONSULTING FIRMS THE VP AND HER INTERNAL STAFF DEVELOP A FORMAL PRESENTATION FOR THE COMPENSATION SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD THE SUB-COMMITTEE REVIEWS THE INFORMATION AND MODIFIES IT IF DEWELD APPROPRIATE THE SUB-COMMITTEE RECOMMENDS COMPENSATION FOR FINAL REVIEW AND APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION, THE UNIVERSITY MAINTAINS CONTEMPORANEOUS WRITTEN RECORDS OF THE PROCEDURES THAT, TOGETHER WITH THE FOREGOING, GIVE RISE TO A "REBUTTABLE PRESUMPTION OF REASONABLENESS" NOTE COMPENSATION PROPOSALS WHICH OCCUR OUTSIDE THE SPRING TIMELINE AND REQUIRE EXECUTIVE COMMITTEE APPROVAL ARE PRESENTED FOR REVIEW AND APPROVAL IN A PRIVATE SESSION OF THE EXECUTIVE COMMITTEE APPROVAL ARE PRESENTED FOR REVIEW AND APPROVAL IN A PRIVATE SESSION OF THE EXECUTIVE COMMITTEE COMMITTEE 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 AS A WHOLE PROCEDURES FOR PARTICIPATION IN JOINT VENTURES THE UNIVERSITY HAS NUMEROUS CONTROLS IN PLACE TO ENSURE THAT ANY INVESTMENT IN, CONTRIBUTION OF ASSETS TO OR PARTICIPATION IN A JOINT VENTURE OR SIMILAR ARRANGEMENT WITH A TAXABLE OR NON-TAXABLE BITTLY ARE IN FULL COMPLIANCE WITH UNIVERSITY POLICIES INCLUDING, BUT NOT LIMITED TO, THE POLICY ON TRANSACTION AUTHORITY AND UNRELATED BUSINESS INCOME COMPLIANCE WITH THE UNIVERSITY'S CHARTER, BY-LAWS

ldentifier	Return Reference	Explanation
SCHEDULE G		PART I, LINE 3 CORNELL IS AN EDUCATIONAL ORGANIZATION INCORPORATED UNDER THE NEW YORK STATE NOT-FOR-PROFIT LAW AND, AS SUCH, IS NOT REQUIRED TO REGISTER IN NEW YORK STATE FOR FISCAL YEAR ENDED JUNE 30,2011, CORNELL HAS NOT SOUGHT REGISTRATION IN ANY OTHER STATE ALL FUNDRAISING EFFORTS ARE DIRECTED TOWARD ALUMNI OR OTHERS WHO HAVE DEMONSTRATED AN INTEREST IN SUPPORTING THE UNIVERSITY'S ACTIVITIES AND MISSION NOTE. THE UNIVERSITY IS UNDERTAKING A REVIEW OF THE REGISTRATION REQUIREMENTS IN STATES OTHER THAN NEW YORK AND WILL EVALUATE WHETHER TO PURSUE REGISTRATION BASED ON EACH STATE'S UNIQUE REQUIREMENTS

	eturn ference	Explanation
SCHEDULE K		PART V PART I, LINE A - ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK (DASNY)*** PART I, LINE B, COLUMN F - CUSIP#64983TRF2 DESCRIPTION OF PURPOSE REFUND 1998 TAX-EXEMPT CP (\$40,805,000) AND FINANCE NEW PROJECTS *** PART I, LINE C, COLUMN F - CUSIP#64983QL98 (SERIES 2006)-DESCRIPTION OF PURPOSE REFUND 1996 BONDS (\$63,717,543 DATE OF ISSUE 6/20/1996), REFUND TAXABLE COMMERCIAL PAPER (\$40,000,000), REFUND TAX EXEMPT COMMERCIAL PAPER (\$75,000,000) AND FINANCE CAPITAL CONSTRUCTION ON THE ITHACA AND WEILL CORNELL MEDICAL COLLEGE CAMPUS *** PART II - (COLUMNS A-D)- CUSIP#S 649905ZH2, 64983TRF2, 64983QL98, 649905A97 - ALL FIGURES ARE CUMULATIVE SINCE INCEPTION OF BONDS*** PART II, COLUMN B CUSIP#64983TRF2 (SERIES 2004), LINE 3 - TOTAL PROCEEDS INCLUDE \$563,883 OF INVESTMENT INCOME EARNED ON CONSTRUCTION FUNDS*** PART II, COLUMN C CUSIP#64983QL98 (SERIES 2006), LINE 3 - TOTAL PROCEEDS INCLUDE \$3,334,192 OF INVESTMENT INCOME EARNED ON CONSTRUCTION FUNDS*** PART II, COLUMN C CUSIP#64983QL98 (SERIES 2006) - A PORTION OF THE ISSUANCE COSTS AND DEBT SERVICE OF THE 1996 BONDS WERE PAID BY AN EQUITY PAY MENT MADE BY THE UNIVERSITY AND FUNDS DEPOSITED IN THE DEBT SERVICE FUND AT THE CUSTODIAN BANK *** PART III, LINE 3C-(COLUMNS A-D)- CUSIP#S 649905ZH2, 64983TRF2, 64983QL98, 649905A97 - CORNELL UNIVERSITY HAS INTERNAL COUNSEL'S OFFICE THAT IS RESPONSIBLE TO REVIEW MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS EXTERNAL COUNSEL'S OFFICE REVIEW IS USED ON "AS NEEDED BASIS"***

PART V PART I, LINE A - TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY (TCIDA) VARIABLE RATE DEMAND CIVIC FACILITY REVENUE BONDS (CORNELL UNIVERSITY PROJECT) SERIES 2008*** PART I, LINE B (DASNY 2009A) CUSIP#649905DC7- REFUND \$150 MILLION OF TAX-EXEMPT CP AND FINANCE CAPITAL PROJECTS*** PART I, LINE C (DASNY 2010) CUSIP#649905R99- FINANCE CONSTRUCTION OF MEDICAL RESEARCH BUILDING IN NEW YORK CITY, REFINANCE \$50 MILLION OF TAXABLE DEBT *** PART I, LINE D (DASNY) CP 2008) CUSIP#64983L- FINANCE CAPITAL CONSTRUCTION PROJECTS ON ITHACA AND WCMC CAMPUS *** PART II - (COLUMNS A-C)- CUSIP#8 890099EQ3, 649905DC7, 649905R99 - ALL FIGURES ARE CUMULATIVE SINCE INCEPTION OF BONDS*** PART II, COLUMN B (2009 DASNY) CUSIP# 649905R99 - LINE 3 - TOTAL PROCEEDS INCLUDE \$420,791 OF INTEREST EARNED ON CONSTRUCTION FUNDS*** PART II, COLUMN C (2010 DASNY) CUSIP# 649905R99 - LINE 5 - REMAINING FUNDS IN CAPITALIZED INTEREST ACCOUNT AS OF JUNE 30, 2011 - \$14,256,929*** PART II, COLUMN C (2010 DASNY) CUSIP# 649905R99 - LINE 12 - REMAINING FUNDS IN CONSTRUCTION ACCOUNT AS OF JUNE 30, 2011 - \$198,335,312*** PART III, COLUMN C (2010 DASNY) CUSIP# 649905R99 - BUILDING IS STILL IN CONSTRUCTION, THEREFORE, NO PRIVATE USE IS CALCULATED*** PART III, LINE 3C - (COLUMNS A-C)- CUSIP #S 890099EQ3, 649905DC7, 649905R99 - CORNELL UNIVERSITY HAS INTERNAL COUNSEL'S OFFICE THAT IS RESPONSIBLE TO REVIEW MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS E STERNAL COUNSEL'S OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS E STERNAL COUNSEL'S	ldentifier	Return Reference	Explanation
THE PROJECT WAS UNDER CONSTRUCTION AND IS EXPECTED TO QUALIFY FOR REBATE EXCEPTION ***			DEMAND CIVIC FACILITY REVENUE BONDS (CORNELL UNIVERSITY PROJECT) SERIES 2008*** PART I, LINE B (DASNY 2009A) CUSIP # 649905DC7- REFUND \$150 MILLION OF TAX-EXEMPT CP AND FINANCE CAPITAL PROJECTS*** PART I, LINE C (DASNY 2010) CUSIP # 649905R99- FINANCE CONSTRUCTION OF MEDICAL RESEARCH BUILDING IN NEW YORK CITY, REFINANCE \$50 MILLION OF TAXABLE DEBT *** PART I, LINE D (DASNY CP 2008) CUSIP # 64983L- FINANCE CAPITAL CONSTRUCTION PROJECTS ON ITHACA AND WCMC CAMPUS *** PART II - (COLUMNS A-C)- CUSIP #S 890099EQ3, 649905DC7, 649905R99 - ALL FIGURES ARE CUMULATIVE SINCE INCEPTION OF BONDS*** PART II, COLUMN B (2009 DASNY) CUSIP# 649905DC7 - LINE 3 -TOTAL PROCEEDS INCLUDE \$420,791 OF INTEREST EARNED ON CONSTRUCTION FUNDS*** PART II, COLUMN C (2010 DASNY) CUSIP# 649905R99 - LINE 3 - TOTAL PROCEEDS INCLUDE \$279,210 OF INTEREST EARNED ON CONSTRUCTION FUNDS*** PART II, COLUMN C (2010 DASNY) CUSIP# 649905R99 - LINE 5 - REMAINING FUNDS IN CAPITALIZED INTEREST ACCOUNT AS OF JUNE 30, 2011 - \$14,256,929*** PART II, COLUMN C (2010 DASNY) CUSIP# 649905R99 - LINE 12 - REMAINING FUNDS IN CONSTRUCTION ACCOUNT AS OF JUNE 30, 2011 - \$198,335,312*** PART III, COLUMN C (2010 DASNY) CUSIP# 649905R99 - BUILDING IS STILL IN CONSTRUCTION, THEREFORE, NO PRIVATE USE IS CALCULATED*** PART III, LINE 3C - (COLUMNS A-C)- CUSIP #S 890099EQ3, 649905DC7, 649905R99 - CORNELL UNIVERSITY HAS INTERNAL COUNSEL'S OFFICE THAT IS RESPONSIBLE TO REVIEW MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS EXTERNAL COUNSEL'S OFFICE REVIEW IS USED ON "AS NEEDED BASIS"*** PART IV, LINE 6 - CUSIP # 649905R99 - AS OF JUNE 30, 2011,

ldentifier	Return Reference	Explanation
SCHEDULE K		PART V PART I, LINE A (DASNY CP 2007) CUSIP # 64983L- FINANCE CAPITAL CONSTRUCTION PROJECTS ON ITHACA AND WCMC CAMPUS *** PART I, LINE C, COLUMN F, (5/12/2011 ISSUANCE) - FINANCE CAPITAL CONSTRUCTION PROJECTS ON ITHACA AND WEILL MEDICAL COLLEGE CAMPUSES AND REFUND \$35 MILLION OF TAXABLE COMMERCIAL PAPER**** PART II, COLUMN C (MAY 2011 ISSUANCE) - TOTAL PROCEEDS INCLUDES \$38 OF INTEREST INCOME EARNED ON CONSTRUCTION FUNDS*** PART III - (COLUMNS A-D)- CUSIP #S 64983L - CORNELL UNIVERSITY HAS INTERNAL COUNSEL'S OFFICE THAT IS RESPONSIBLE TO REVIEW MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS EXTERNAL COUNSEL'S OFFICE REVIEW IS USED ON "AS NEEDED BASIS" ***

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► 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.

OMB No 1545-0047

DLN: 93493135056372

Open to Public Inspection

Department of the Treasury

Internal Revenue Service Name of the organization CORNELL UNIVERSITY

Employer identification number

				15-0532082			
Part I Identification of Disregarded Entities (Com	plete if the organization	n 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 Orga or more related tax-exempt organizations during		the organization a	answered "Yes" or	n Form 990, Part I	V, line 34 because	ıt had c	ne
(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	Section (13) co organi	512(b ntrolle
(1) 000,000						Yes	No
(1) CORNELL CENTER OF NEW YORK							
6 EAST 44th ST	SOCIAL CLUB	NY	501(C)(7)	N/A	CORNELL UNIV		
NEW YORK, NY 10017 16-1301416							
(2) MRSI MANAGEMENT INC							
575 LEXINGTON AVE	MEDICAL SERV	NY	501(C)(3)	11b(TYPEII)	CORNELL UNIV		
NEW YORK, NY 10022							
13-3366821 (3) CORNELL REAL PROPERTY SERVICES INC							
15 THORNWOOD					CORNELL LINIV		
ITHACA, NY 14850	PROPERTY SERV	NY	501(C)(3)	11d TYPEIII	CORNELL UNIV		
16-1450535							
(4) CORNELL RESEARCH FOUNDATION INC							
CORNELL UNIV DAY HALL	HOLDS IP PROP	NY	501(C)(2)	N/A	CORNELL UNIV		
ITHACA, NY 14850 16-6050703							
(5) SAMUEL CURTIS JOHNSON FOUNDATION							
130 SENECA PL	SUPPORT ORG	NY	501(C)(3)	11c TYPEIII	CORNELL UNIV		
ΠΉΑCA, NY 14850 22-2572815							
(6) CORNELL UNIVERSITY FOUNDATION							
130 SENECA PL	SUPPORT UNIV	NY	501(C)(3)	11a(TYPE I)	CORNELL UNIV		
ITHACA, NY 14850 22-2848738			,	, ,			
(7) ROBERT J MIN MD PC							
575 LEXINGTON AVE	MEDICAL SERV	NY	501(C)(3)	9	CORNELL UNIV		
NEW YORK, NY 10022 13-336820							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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)	,	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agıng	(k) Percentage ownership
							Yes	No		Yes	No	
(1) ITHACA LP	INVESTMENTS	PW	CORNELL UNIV	RELATED	0	36,689,000		No			No	99 000 %

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
(1) TOWER INNOVATIVE LEARNING SOLUTIONS 950 DANBY RD ITHACA, NY14850 16-1593492	DIST LEARNING	NY	CORNELL UNIVERS	C CORP	291,278	9,081,202	100 000 %
(2) LENROC REAL ESTATE BROKERAGE INC 15 THORNWOOD ITHACA, NY14850 16-1450466	REAL ESTATE	NY	CORNELL UNIVERS	C CORP	946	0	100 000 %
(3) UNIVERSITY VETERINARY SPECIALISTS INC 800 CANAL ST STAMFORD, CT06902 27-2461725	VET SERVICES	ст	CORNELL UNIVERS	C CORP	-1,637,015	5,453,995	100 000 %
						Cabadula D (Earm 000\ 2010

(6)

4.	L V	Transactions with Related Organizations (Complete if the organization answered Tes	on rollingso, Par	(1V, IIIIe 34, 33, 3	JA, 01 JU.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Ye	s No
1 Du	rıng th	ne tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	s II-IV?			
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1:	a Ye	5
Ь	Gıft, g	rant, or capital contribution to other organization(s)			1	0	No
c	Gıft, g	rant, or capital contribution from other organization(s)			10	c Ye	5
d	Loans	or loan guarantees to or for other organization(s)			10	Ŀ	No
e	Loans	or loan guarantees by other organization(s)			10	a	No
f	Sale o	fassets to other organization(s)			11		No
g	Purch	ase of assets from other organization(s)			19	_	No
h	Excha	ange of assets			11		No
i	Lease	of facilities, equipment, or other assets to other organization(s)			1	i Ye	3
		of facilities, equipment, or other assets from other organization(s)			1		No
		mance of services or membership or fundraising solicitations for other organization(s)			11		No
		mance of services or membership or fundraising solicitations by other organization(s)			1		No
		ng of facilities, equipment, mailing lists, or other assets			<u> </u>	m Ye	
n	Sharır	ng of paid employees			11	n Ye	-
	D				-	_	No
		pursement paid to other organization for expenses			10	p Ye	
р	Keimi	pursement paid by other organization for expenses			-	/ [' —
q	Other	transfer of cash or property to other organization(s)			10		No
		transfer of cash or property from other organization(s)			1		No
-					<u> </u>		
2	If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relati	onships and transact	ion thresholds		
		(a)	(b)	(c)	(d)		
		Name of other organization	Transaction type(a-r)	Amount involved	Method of determ involve		nount
(1)							
	litional	Data Table					
(2)							
(3)							
(3)							
(4)							
(5)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations		partners section 501(c)(3) organizations		partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or inaging artner?	
			Yes	No		Yes	No		Yes	No					
									+	1					
							\vdash		+	╁					
									-	-					
									+	-					
										t					

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

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

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization			
						Yes	No		
CORNELL CENTER OF NEW YORK									
6 EAST 44th ST NEW YORK, NY10017 16-1301416	SOCIAL CLUB	NY	501(C)(7)	N/A	CORNELL UNIV				
MRSI MANAGEMENT INC									
575 LEXINGTON AVE NEW YORK, NY10022 13-3366821	MEDICAL SERV	NY	501(C)(3)	11b(TYPEII)	CORNELL UNIV				
CORNELL REAL PROPERTY SERVICES INC									
15 THORNWOOD ITHACA, NY14850 16-1450535	PROPERTY SERV	NY	501(C)(3)	11d TYPEIII	CORNELL UNIV				
CORNELL RESEARCH FOUNDATION INC									
CORNELL UNIV DAY HALL ITHACA, NY14850 16-6050703	HOLDS IP PROP	NY	501(C)(2)	N/A	CORNELL UNIV				
SAMUEL CURTIS JOHNSON FOUNDATION									
130 SENECA PL ITHACA, NY14850 22-2572815	SUPPORT ORG	NY	501(C)(3)	11c TYPEIII	CORNELL UNIV				
CORNELL UNIVERSITY FOUNDATION									
130 SENECA PL ITHACA, NY14850 22-2848738	SUPPORT UNIV	NY	501(C)(3)	11a(TYPE I)	CORNELL UNIV				
ROBERT J MIN MD PC									
575 LEXINGTON AVE NEW YORK, NY10022 13-3366820	MEDICAL SERV	NY	501(C)(3)	9	CORNELL UNIV				

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	UNIVERSITY VETERINARY SERVICES INC	а	181,260	
(2)	CORNELL RESEARCH FOUNDATION INC	С	31,807,000	
(3)	SAMUEL CURTIS JOHNSON FDN INC	С	2,489,630	
(4)	CORNELL FOUNDATION INC	С	5,912,000	
(5)	TOWER INNOVATIVE LEARNING SOLUTIONS	а	1,716,259	
(6)	CORNELL RESEARCH FOUNDATION INC	m	1,000	
(7)	CORNELL RESEARCH FOUNDATION INC	n	1,000	
(8)	SAMUEL CURTIS JOHNSON FDN INC	m	1,000	
(9)	SAMUEL CURTIS JOHNSON FDN INC	n	1,000	
(10)	CORNELL UNIVERSITY FOUNDATION INC	m	1,000	
(11)	CORNELL UNIVERSITY FOUNDATION INC	n	1,000	
(12)	CORNELL REAL PROPERTY SERVICES INC	Р	43,967	
(13)	LENROC REAL ESTATE BROKERAGE INC	Р	1,844	

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990.

See separate instructions.

Open to Public Inspection
Employer identification number

CORNELL UNIVERSITY 15-0532082 Part I **Bond Issues** (I) Pooled (h) On (c) CUSIP# (g) Defeased (b) Issuer EIN (d) Date issued (a) Issuer name (e) Issue price (f) Description of purpose behalf of Financing issuer No Yes Nο Yes Yes No A TOIDE (EFIE LOUGE) EE FEFT 1 -1_140 -FEFUNDED LOOP TO IDA E ND EE F-FT C DR NI (EFIE _0102) 4 4 40FF 14-000023 IDE ZIE 92_010 EE F-FT D DE N. OF THE ASSESSMENT OF THE OPERATED ATEN HE / 15 / HH -EE FFFT Part II Proceeds В С D Α 1,370,000. 0. 0. 124,340,000. 0. 0. 75,307,598. 312,520,924. 301,839,307. 129,585,456. 0. 0. 16,444,611. 29,036,727. 74,627,166. 50,000,000. 0. 150,000,000. 680,432. 4,502,764. 4,487,386. 0. 0. 0. 0. 0. 0. 0. 0. 0. 9 Working capital expenditures from proceeds 0. 141,573,549. 19,979,882. 129,585,456. 0. 0. 0. 0. 0. 198,335,312. 0. 2011 2013 2009 2010 Yes No Yes No Yes No Yes No Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Does the organization maintain adequate books and records to support the final allocation of proceeds? **Private Business Use** Part III В С D Α Yes 1 Was the organization a partner in a partnership, or a member of an LLC, which owned Yes No Yes No No Yes No

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

property financed by tax-exempt bonds?

Schedule K (Form 990) 2010

Χ

Χ

Χ

Χ

Χ

Χ

2 Are there any lease arrangements that may result in private business use of bond-financed property

.

Χ

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶ See separate instructions.

Open to Public Inspection Employer identification number

Name of the organization CORNELL UNIVERSITY 15-0532082 Part I **Bond Issues** (I) Pooled (h) On (g) Defeased (a) Issuer name (b) Issuer EIN (c) CUSIP# (d) Date issued (e) Issue price (f) Description of purpose behalf of Financing issuer No Yes Nο Yes Yes Nο A DR N. (T , LOOT TH (EFTIFICATE) . 4 -- L 1020 /_007 . 4,45m,000 EE F-FT B D4 N1 + F (N41 11, 1011 T4 + EFTIFICATE) + 1 +- T. EE F-FT С Part II Proceeds В C D Α 68,125,000. 0. 0. 69,728,703. 52,845,038. 0. 0 0. 0. 0. 35,000,000. 0. 0. 0. 0. 0. 0. 9 Working capital expenditures from proceeds 69,728,703. 2,843,834. 0. 0. 15,001,204. 2012 2008 Yes No Yes No Yes No Yes No Χ Χ Χ Χ Χ Χ Χ Χ Does the organization maintain adequate books and records to support the final allocation of proceeds? **Private Business Use** Part III В С D Α Yes 1 Was the organization a partner in a partnership, or a member of an LLC, which owned Yes No Yes No No Yes No Χ Χ Χ 2 Are there any lease arrangements that may result in private business use of bond-financed property

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

Schedule K (Form 990) 2010

Schedule K (Form 990) 2010 15-0532082 Page **2**

Private Business Use (Continued) Part III С D В No Yes No Yes Yes No Yes No 3a Are there any management or service contracts that may result in private business Χ b Are there any research agreements that may result in private business use of Χ Χ bond-financed property? Χ Χ c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating Χ Χ Χ Χ 4 Enter the percentage of financed property used in a private business use by entities .3000 % .1000 % 0.0000 % 0.0000 % other than a section 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another .4000 % .1000 % 0.0000 % 0.0000% section 501(c)(3) organization, or a state or local government ▶ .7000 % .2000 % 0.0000 % 0.0000% 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Χ Х Χ Arbitrage Part IV в С D No Yes No Yes 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 Χ Χ Χ Χ 3a Has the organization or the governmental issuer entered into a qualified hedge Χ Χ Χ Χ N T PEFLI PELE N T REFLE RELE N T PEFLI PELE 0.000 0.000 0.000 0.000 Х Х Х Χ Χ Χ Х Χ Х Χ N T PEFLI PELE N T PEFLI PELE N T PEFLI PELE 0.000 0.000 0.000 0.000 d Was the regulatory safe harbor for establishing the fair Χ Χ Χ Χ 5 Were any gross proceeds invested beyond an Χ Χ Χ Χ

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions)

JSA

Χ

Χ

Χ

Schedule K (Form 990) 2010 15-0532082 Page **2**

Private Business Use (Continued) Part III D В No Yes Yes No Yes No Yes No 3a Are there any management or service contracts that may result in private business b Are there any research agreements that may result in private business use of Χ bond-financed property? Χ c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating Χ Χ 4 Enter the percentage of financed property used in a private business use by entities .1000 % .1000 % other than a section 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 0.0000 % .1000 % section 501(c)(3) organization, or a state or local government ▶ .1000 % % .2000 % 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Χ Arbitrage Part IV в D No Yes No Yes Yes No Yes 1 Has a Form 8038-T. Arbitrage Rebate. Yield Reduction and Penalty in Lieu of No Arbitrage Rebate, been filed with respect to the bond issue? X Χ Χ 3a Has the organization or the governmental issuer entered into a qualified hedge Χ Χ N T PEFLI PELE 0.000 0.000 Χ Х Χ Х N T PEFLI PELE 0.000 0.000 d Was the regulatory safe harbor for establishing the fair Χ Χ 5 Were any gross proceeds invested beyond an Χ Χ

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions)

JSA

Χ