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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 3C CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite C/O YALE UNIVERSITY TAX DEPT., PO BOX 208239 City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06520-8239 F Name and address of principal officer: KENNETH R. MILLER SAME AS C ABOVE	D Employer identification number 41-2046529 E Telephone number (203) 432-5530 G Gross receipts \$ 7,178,877. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2002 M State of legal domicile: DC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>TO HOLD CERTAIN INVESTMENT PROPERTIES OF THE YALE UNIVERSITY ENDOWMENT.</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	0.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,327,004.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,327,004.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.
18		Total expenses (add lines 13-17 (must equal Part IX, column (A), line 25))	0.
19		Revenue less expenses. Subtract line 18 from line 12	5,327,004.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	57,385,990.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Kenneth R. Miller</i> KENNETH R. MILLER, ASSISTANT SECRETARY Type or print name and title	Date	05/11/2012
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶		Phone no.

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

SCANNED JUN 22 2017

Part III 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:

3C CORPORATION IS A SUPPORTING ORGANIZATION WHOSE PRIMARY EXEMPT PURPOSE IS TO HOLD CERTAIN INVESTMENT PROPERTIES OF THE YALE UNIVERSITY ENDOWMENT.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Multiple horizontal lines for reporting program service details under section 4a.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Multiple horizontal lines for reporting program service details under section 4b.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Multiple horizontal lines for reporting program service details under section 4c.

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

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

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	x	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		x
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		x
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? <i>If "Yes," complete Schedule C, Part II</i>		x
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		x
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		x
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		x
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		x
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		x
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	x	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		x
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		x
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		x
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)? <i>If "Yes," complete Schedule D, Part X</i>		x
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		x
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		x
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		x
14a Did the organization maintain an office, employees, or agents outside of the United States?		x
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	x	
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		x
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		x
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 "Yes," complete Schedule G, Part I</i>		x
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		x
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		x
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
28a a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, response box, Yes, and No. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
 KENNETH R. MILLER C/O YALE UNIVERSITY INVESTMENTS OFFICE - (203)432-0120
 55 WHITNEY AVENUE, NEW HAVEN, CT 06520

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,178,877.		7,178,877.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____	a					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		7,178,877.	0.	0.	7,178,877.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	0.	0.	0.	0.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	57,385,990.	12	58,602,235.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	57,385,990.	16	58,602,235.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	57,385,990.	32	58,602,235.
33 Total net assets or fund balances	57,385,990.	33	58,602,235.	
34 Total liabilities and net assets/fund balances	57,385,990.	34	58,602,235.	

Part XI Reconciliation of Net Assets

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	7,178,877.
2	Total expenses (must equal Part IX, column (A), line 25)	2	0.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,178,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,385,990.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,962,632.
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	58,602,235.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization 3C CORPORATION	Employer identification number 41-2046529
---	---

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
YALE UNIVERSITY	06-0646973	2	X		X		X		6,974,532.
Total									6,974,532.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

Part 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 in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 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

15 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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	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 organization

b 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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **3C CORPORATION** Employer identification number **41-2046529**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 0.

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		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	8,135,790.	END-OF-YEAR MARKET VALUE
(B) NOTES RECEIVABLE	50,466,445.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	58,602,235.	

Part VIII Investments - Program Related. See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,178,877.
2	Total expenses (Form 990, Part IX, column (A), line 25)	0.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	7,178,877.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-5,962,632.
9	Total adjustments (net). Add lines 4 through 8	-5,962,632.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1,216,245.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	10,879,106.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	3,700,229.
e	Add lines 2a through 2d	3,700,229.
3	Subtract line 2e from line 1	7,178,877.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	7,178,877.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	0.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

PART XI, LINE 8:

CONTRIBUTIONS TO CAPITAL: 1,886,103

DISTRIBUTIONS: (11,548,964)

FOREIGN EXCHANGE GAIN: 3,700,229

TOTAL: (5,962,632)

PART XII, LINE 2D:

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization 3C CORPORATION	Employer identification number 41-2046529
--	--

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
NORTH AMERICA			INVESTMENTS		50,466,445.
3 a Sub-total	0	0			50,466,445.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			50,466,445.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes 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)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

3C CORPORATION

Employer identification number

41-2046529

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
 If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2010

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.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID F. SWENSEN	(i) 0. (ii) 764,188.	0. 2,028,752.	0. 203,225.	0. 425,072.	0. 35,068.	0. 3,456,305.	0. 0.
2	DEAN J. TAKAHASHI	(i) 0. (ii) 582,004.	0. 1,521,564.	0. 146,700.	0. 200,811.	0. 17,299.	0. 2,468,378.	0. 0.
3	CARY B. SCAPILLATO	(i) 0. (ii) 239,374.	0. 0.	0. 16,500.	0. 27,955.	0. 15,261.	0. 299,090.	0. 0.
4	KENNETH R. MILLER	(i) 0. (ii) 224,921.	0. 50,454.	0. 16,500.	0. 60,293.	0. 7,646.	0. 359,814.	0. 32,000.
5	ALAN S. FORMAN	(i) 0. (ii) 524,392.	0. 500,873.	0. 16,500.	0. 247,955.	0. 26,587.	0. 1,316,307.	0. 356,667.
6	DOROTHY K. ROBINSON	(i) 0. (ii) 480,045.	0. 0.	0. 16,500.	0. 27,955.	0. 8,822.	0. 533,322.	0. 0.
7	ALEXANDER C. BANKER	(i) 0. (ii) 371,601.	0. 366,853.	0. 16,500.	0. 187,955.	0. 39,032.	0. 981,941.	0. 261,667.
8		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
9		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
10		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
11		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
12		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
13		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
14		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
15		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
16		(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINES 1-3:

BECAUSE THE OFFICERS AND DIRECTORS DO NOT RECEIVE ANY COMPENSATION FROM 3C CORPORATION, LINES 1-3 WERE LEFT BLANK.

SCHEDULE J, PART I, LINE 4B:

CERTAIN LISTED PERSONS PARTICIPATED IN SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLANS DURING THE CALENDAR YEAR 2010 AS DESCRIBED BELOW:

YALE UNIVERSITY, A RELATED ORGANIZATION, HAS AGREED TO SUPPLEMENT THE

RETIREMENT INCOME FOR TWO OFFICERS OF 3C CORPORATION BY PROVIDING AN

ADDITIONAL RETIREMENT BENEFIT EQUAL IN VALUE TO UP TO 30% OF SALARY AT

VESTING FOR A TERM OF 20 YEARS, SUBJECT TO VESTING CONDITIONS BASED ON

CONTINUING SERVICE TO THE UNIVERSITY, AN ANNUAL ACCRUAL FOR THESE BENEFITS,

PREVIOUSLY APPROVED BY THE UNIVERSITY BASED UPON SERVICE OF THE

INDIVIDUALS, IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN ADDITION,

THE UNIVERSITY AWARDED BONUSES TO TWO OFFICERS OF 3C CORPORATION TAXED IN

2010, SUBJECT TO DEFERRED PAYMENT WITH ADJUSTMENTS UPWARD OR DOWNWARD

DEPENDENT ON PERFORMANCE OF THE YALE UNIVERSITY ENDOWMENT. THE BONUSES FOR

2010 ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

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.

SCHEDULE J, PART I, LINE 7:

FOR TWO OFFICERS OF 3C CORPORATION, COMPENSATION RECEIVED FROM YALE

UNIVERSITY, A RELATED ORGANIZATION, INCLUDED BONUSES AWARDED UNDER A LONG

TERM INCENTIVE COMPENSATION PLAN WHICH ARE BASED ON QUALITATIVE AND

QUANTITATIVE PERFORMANCE FACTORS. THE PAYMENTS ARE REPORTED ON SCHEDULE J,

PART II, COLUMN (B)(II). IN ADDITION, FOR THREE CURRENT OR FORMER OFFICERS

OF 3C CORPORATION, COMPENSATION RECEIVED FROM YALE UNIVERSITY INCLUDED

BONUSES UNDER A LONG TERM INCENTIVE COMPENSATION PLAN WHICH PROVIDES FOR

DEFERRED VESTING AND FOR PAYMENT AS DESCRIBED IN THE NOTE TO SCHEDULE J,

PART II, COLUMN (C), BELOW. THE CURRENT YEAR PAYMENT THAT WAS AWARDED IN

PREVIOUS YEARS IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(II) AND IS

ALSO REPORTED ON SCHEDULE J, PART II, COLUMN (F) AND REPRESENTS DUPLICATIVE

REPORTING. THE AMOUNT AWARDED IN THE CURRENT YEAR BUT SUBJECT TO DEFERRED

VESTING IS INCLUDED AS DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN

(C).

SCHEDULE J, PART II (GENERAL NOTES):

COLUMN (C): FOR THREE CURRENT OR FORMER OFFICERS OF 3C CORPORATION, THE

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

AMOUNT REPORTED IN COLUMN (C) INCLUDES AMOUNTS SUBJECT TO VESTING,

CONTINGENT ON THE PERFORMANCE OF FUTURE SERVICES, AND MAY CHANGE UPWARD OR

DOWNWARD DEPENDING ON PERFORMANCE OF THE YALE UNIVERSITY ENDOWMENT PRIOR TO

VESTING AND PAYMENT. THE FINAL AMOUNT WILL BE REPORTED IN COLUMN (B)(II) OF

SCHEDULE J, FORM 990 FOR THE YEAR IN WHICH THE COMPENSATION AMOUNT IS PAID.

COLUMN (D): IN ADDITION TO THE EMPLOYER COST OF HEALTH, DENTAL AND OTHER

NONTAXABLE BENEFITS AVAILABLE ON A NONDISCRIMINATORY BASIS, COLUMN (D)

INCLUDES AMOUNTS AWARDED AS SCHOLARSHIP GRANTS TO CHILDREN OF EMPLOYEES

UNDER YALE UNIVERSITY'S (A RELATED ORGANIZATION) NONDISCRIMINATORY

QUALIFIED TUITION REDUCTION PLAN COVERING ALL ELIGIBLE UNIVERSITY FACULTY

AND STAFF WITH SIX OR MORE YEARS OF SERVICE.

COLUMN (F): COMPENSATION REPORTED IN PRIOR FORM 990: THIS AMOUNT IS ALSO

INCLUDED IN COLUMN (E), PART II. IT IS, THEREFORE, DOUBLE REPORTED IN PART

II AND DOES NOT REPRESENT ADDITIONAL COMPENSATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

3C CORPORATION

Employer identification number

41-2046529

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

DAVID F. SWENSEN AND CARY B. SCAPILLATO ARE OFFICERS OF THE SAME

ORGANIZATION, WHICH IS A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 1B:

EACH OF THE VOTING MEMBERS OF THE GOVERNING BODY OF 3C CORPORATION IS AN

EMPLOYEE OF YALE UNIVERSITY (EIN 06-0646973) AND RECEIVES COMPENSATION FOR

HIS OR HER SERVICES AS AN EMPLOYEE OF YALE UNIVERSITY. THESE INDIVIDUALS

ARE NOT PAID FOR THEIR SERVICES AS VOTING MEMBERS OF 3C CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

PURSUANT TO THE BY-LAWS, THE CORPORATION'S BOARD HAS THREE MEMBERS. YALE

UNIVERSITY'S (A RELATED ORGANIZATION) CHIEF INVESTMENT OFFICER IS A MEMBER

EX OFFICIO OF THE BOARD, AND THE OTHER MEMBERS ARE ELECTED (EACH FOR A TWO

YEAR TERM) BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE YALE

CORPORATION PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT.

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

A COPY OF THE FORM 990 IS SENT TO EACH OFFICER AND DIRECTOR PRIOR TO FILING

IN ORDER TO SOLICIT COMMENTS AND QUESTIONS.

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

THE CORPORATION'S CONFLICT OF INTEREST POLICY OBLIGATES EACH CURRENT AND

COVERED FORMER DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS TO PROMPTLY DISCLOSE ANY ACTUAL OR POTENTIAL

CONFLICT OF INTEREST AS DEFINED IN THE POLICY. EACH SUCH PERSON MUST SIGN A

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization 3C CORPORATION	Employer identification number 41-2046529
--	--

STATEMENT AFFIRMING THAT HE OR SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AGREES TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTOR AND MEMBERS OF THE COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST, THE INTERESTED PERSON IS EXCUSED FROM THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS MADE, AND IS RECUSED FROM PARTICIPATING IN ANY VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE

15:

3C CORPORATION DOES NOT HAVE ANY EMPLOYEES. THE OFFICERS AND DIRECTORS ARE NOT COMPENSATED BY 3C CORPORATION. ALL COMPENSATION REPORTED ON PART VII PERTAINS TO OFFICERS AND DIRECTORS COMPENSATED BY YALE UNIVERSITY (A RELATED TAX EXEMPT ORGANIZATION) AS EMPLOYESS OF YALE UNIVERSITY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, INCLUDING ANY AMENDMENTS, AND FINANCIAL STATEMENTS, TO THE EXTENT PROVIDED AS A PART OF ITS EXEMPTION APPLICATION OR ANNUAL FORM 990, ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS NOT CURRENTLY MADE AVAILABLE TO THE PUBLIC.

Name of the organization 3C CORPORATION	Employer identification number 41-2046529
--	--

FORM 990, PART VII, SECTION A, LINE 1A:

KENNETH MILLER SERVED AS SECRETARY FROM JULY 1, 2010 THROUGH OCTOBER 15, 2010, AT WHICH TIME HE WAS APPOINTED ASSISTANT SECRETARY AND CARY SCAPILLATO TOOK OVER AS SECRETARY.

FORM 990, PART VII, SECTION A, COLUMN (A) AND (B):

INDIVIDUALS LISTED IN PART VII, WITH COMPENSATION REPORTED IN COLUMN (E), RECEIVED COMPENSATION FROM YALE UNIVERSITY, A RELATED ORGANIZATION, FOR THEIR SERVICES AS YALE UNIVERSITY EMPLOYEES. THE AVERAGE HOURS PER WEEK DEVOTED TO YALE UNIVERSITY FOR EACH OF THESE EMPLOYEES IS 50. THESE INDIVIDUALS ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS OR DIRECTORS OF 3C CORPORATION.

FORM 990, PART VII, SECTION A, COLUMN (A):

COMPENSATION FOR FORMER OFFICERS RELATES TO THEIR CONTINUING SERVICE AS EMPLOYEES OF YALE UNIVERSITY.

FORM 990, PART X, LINE 12

CERTAIN AMOUNTS REPORTED IN PRIOR YEARS HAVE BEEN RECLASSIFIED TO CONFORM TO THE CURRENT YEAR'S PRESENTATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CONTRIBUTIONS TO CAPITAL	1,886,103.
DISTRIBUTIONS	-11,548,964.
FOREIGN EXCHANGE GAIN	3,700,229.
TOTAL TO FORM 990, PART XI, LINE 5	-5,962,632.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
FOURTH CENTURY LLC - 41-2046537, C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	N/A	EXCLUDED FROM TAX	61,331.	11,752,439.		X	N/A	X	.20%
ALAMANCE, LLC - 20-2575524 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	10.	85,634.		X	N/A	X	.16%
ALAMANCE A, LLC - 20-3484520 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	6.	52,695.		X	N/A	X	.16%
ALAMANCE VI, LLC - 20-8558864 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	44,962.		X	N/A	X	.16%

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

(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
CONNECTICUT BOOLA, INC. - 06-0798544 C/O YALE UNIVERSITY, P.O. BOX 208239 NEW HAVEN, CT 06520-8239	INVESTMENT	CT	N/A	C CORP			
FWEB, LLC - 27-3304506 C/O YALE UNIVERSITY, P.O. BOX 208239 NEW HAVEN, CT 06520-8239	INVESTMENT	CT	FOURTH CENTURY, LLC	C CORP	-92.	6,926.	.20%
FWEB, LLC - 27-3304430 C/O YALE UNIVERSITY, P.O. BOX 208239 NEW HAVEN, CT 06520-8239	INVESTMENT	CT	FOURTH CENTURY, LLC	C CORP	-435.	119,668.	.20%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
CAUTHEN, LLC - 20-2776143											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	-4,161.	31,948.	X		N/A	X	.16%
CAUTHEN VI, LLC - 20-8202030											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	-785.	48,470.	X		N/A	X	.16%
CAUTHEN VII, LLC - 26-3653027											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	46.	104,729.	X		N/A	X	.16%
CORBIN, LLC - 20-1263962											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	190.	31,831.	X		N/A	X	.16%
CORBIN VI, LLC - 27-0773197											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	1.	1,205.	X		N/A	X	.16%
CRANBROOK, LLC - 20-3115503											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	-2,724.	17,894.	X		N/A	X	.16%
FULTON, LLC - 26-0165041											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	9,512.	78,073.	X		N/A	X	.16%
GLOSTER, LLC - 20-1263980											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	-11.	60,495.	X		N/A	X	.16%
GLOSTER III, LLC - 20-8833953											
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	18,742.	X		N/A	X	.16%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
HAWTHORNE III, LLC - 26-0854590, C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	22,080.		X	N/A	X	.16%
H&Y, LLC - 20-8696854 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	0.		X	N/A	X	.16%
NEWBURN, LLC - 20-0365032 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	22.	27,059.		X	N/A	X	.16%
ODE, LLC - 37-1567347 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	10,480.		X	N/A	X	.16%
RAMSGATE, LLC - 20-0419757 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	7,524.	99,965.		X	N/A	X	.16%
RAMSGATE VIII, LLC (FKA RAMSGATE II) - 20-5259910, C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	48.	64,721.		X	N/A	X	.16%
RAMSGATE IX A, LLC - 26-1797786, C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	8,616.		X	N/A	X	.16%
RAMSGATE IX, LLC - 20-8833887 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	23,694.		X	N/A	X	.16%
RAMSGATE X, LLC - 27-3616177 C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	301.		X	N/A	X	.16%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SANGAMORE, LLC - 20-0357077												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	1,978.	4,667.	X		N/A	X		.16%
06520-8239												
SANGAMORE II, LLC - 20-2672293, C/O YALE												
UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	-142.	40,063.	X		N/A	X		.16%
06520-8239												
SANGAMORE III, LLC - 26-0753284, C/O YALE												
UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT 06520-8239	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	396.	24,268.	X		N/A	X		.16%
06520-8239												
TILDEN, LLC - 20-8558781												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	7.	27,019.	X		N/A	X		.16%
06520-8239												
TILDEN II, LLC - 27-4210952												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	17.	X		N/A	X		.16%
06520-8239												
UPTON, LLC - 20-5778792												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	47,692.	X		N/A	X		.16%
06520-8239												
VOLTA IV, LLC - 27-0914710												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	119.	28,392.	X		N/A	X		.16%
06520-8239												
WESTPATH, LLC - 20-2297672												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	3,141.	40,018.	X		N/A	X		.16%
06520-8239												
WHITEHAVEN, LLC - 26-3915778												
C/O YALE UNIVERSITY, P.O. BOX 208239, NEW HAVEN, CT	INVESTMENT	DE	FOURTH CENTURY, LLC	EXCLUDED FROM TAX	0.	13,672.	X		N/A	X		.16%
06520-8239												

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	FOURTH CENTURY, LLC	B	1,886,103	CASH VALUE		X
(2)	FOURTH CENTURY, LLC	R	1,195,837	CASH VALUE		X
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

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

SCHEDULE R, PART V

GENERAL NOTE:

THIS SCHEDULE REFLECTS TRANSFERS BY 3C CORPORATION TO FOURTH CENTURY, LLC AND YALE UNIVERSITY. IT DOES NOT REFLECT TRANSFERS THAT MAY HAVE BEEN MADE BY THESE ENTITIES TO OTHER ENTITIES CONTROLLED BY THEM.

IN ADDITION, THIS SCHEDULE REFLECTS ALL TRANSFERS TO 3C CORPORATION BY FOURTH CENTURY, LLC AND YALE UNIVERSITY. IT DOES NOT REFLECT TRANSFERS THAT MAY HAVE BEEN RECEIVED BY THESE ENTITIES FROM OTHER ENTITIES CONTROLLED BY THEM.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See Instructions.	Name of exempt organization 3C CORPORATION	Employer identification number 41-2046529
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O YALE UNIVERSITY TAX DEPT., PO BOX 208239	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06520-8239	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CARY B. SCAPILLATO, YALE UNIVERSITY

• The books are in the care of **25 SCIENCE PARK, 150 MUNSON STREET - NEW HAVEN, CT 06511**
 Telephone No. **(203) 432-5530** FAX No. **(203) 432-5577**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until MAY 15, 2012.
- For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Cary B. Scapillato* Title **ASSISTANT SECRETARY** Date 01/19/2012