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DLN: 93493133031933

Form 990

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)

2011

OMB No 1545-0047

Open to Public Inspection

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

		~		
C Name of organization	and ending 06-30-201	.2	D Employer i	identification number
cornell University			15-05320	082
Doing Business As			E Telephone	
			(607) 255	5-3581
Number and street (or P O box if mail is not delivered to 341 PINE TREE ROAD	o street address) Room/s	uite	G Gross receip	ots \$ 12,079,947,629
City or town state or country, and ZIP + 4				
ITHACA, NY 14850				
DAVID J SKORTON PRESIDENT				urn for ┌ Yes
341 PINE TREE ROAD				1 165 1 110
TIHACA,NY 14850		1 ' '		·
status	7(a)(1) or	I _	•	·
		H(c) Grou	pexemption	number F
		1.		T
		L Year of for	mation 1865	M State of legal domicile N
•				
		ICES		
,,				
each this hav	erations or disposed	of more than 2	5% of its not	accete
			1	dissers 64
				5
				37,15
				6,09
``			7a	15,188,184
•			7b	
		Prio	r Year	Current Year
Contributions and grants (Part VIII, line 1h)		3	84,515,000	672,276,000
Program service revenue (Part VIII, line 2g)				
(nvestment income (Part VIII, column (A), lines 3, 4, a	ınd 7d)	4	72,520,000	236,391,000
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		16,355,881	19,230,621	
			20 242 247	2 200 501 400
				3,380,591,488
	•	<u> </u>		
5–10)	17, column (7,), mics	1,8	1,938,619,999	
Professional fundraising fees (Part IX, column (A), line	11e)		804,055	
Fotal fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 58,374,7$	236			
Other expenses (Part IX, column (A), lines 11a–11d, 1	1f-24e)	. 9	97,855,298	1,022,974,831
Fotal expenses Add lines 13–17 (must equal Part IX,	column (A), line 25)	2,9	34,611,666	3,068,749,235
Revenue less expenses Subtract line 18 from line 12		2	94,631,581	311,842,253
			of Current ear	End of Year
Total assets (Part X, line 16)			08,214,000	10,900,413,000
Total liabilities (Part X, line 26)			97,219,000	
i otal liabilities (Fait A, lille 20)			, -,	
Net assets or fund balances Subtract line 21 from line	20	7.5	10,995,000	/,4//,0/0,000
		- /-	,,	
Net assets or fund balances Subtract line 21 from line Signature Block s of perjury, I declare that I have examined this return, incl d belief, it is true, correct, and complete. Declaration of pre	luding accompanying s	schedules and st er) is based on a	atements, and	I to the best of my
Net assets or fund balances Subtract line 21 from line Signature Block s of perjury, I declare that I have examined this return, incl	luding accompanying s	schedules and st er) is based on a	atements, and all information 13-05-13	I to the best of my
Net assets or fund balances Subtract line 21 from line Signature Block s of perjury, I declare that I have examined this return, incl d belief, it is true, correct, and complete. Declaration of pre	luding accompanying s	schedules and ster) is based on a	atements, and all information 13-05-13	I to the best of my
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Net assets or fund balances Subtract line 21 from line Signature Block so of perjury, I declare that I have examined this return, incide belief, it is true, correct, and complete. Declaration of present the property of the second s	luding accompanying s	chedules and ster) is based on a	atements, and all information 13-05-13 te Preparer's tax	I to the best of my of which preparer has an
Net assets or fund balances Subtract line 21 from line Signature Block so of perjury, I declare that I have examined this return, incl d belief, it is true, correct, and complete. Declaration of pre ****** Signature of officer JOANNE DESTEFANO VP FINANCE AND CFO Type or print name and title	luding accompanying s parer (other than offic	schedules and ster) is based on a	atements, and all information 13-05-13 te	I to the best of my of which preparer has any payer identification number
Net assets or fund balances Subtract line 21 from line Signature Block so of perjury, I declare that I have examined this return, incide belief, it is true, correct, and complete. Declaration of prescription of prescription in the second of the second	luding accompanying s parer (other than offic	chedules and ster) is based on a	iatements, and all information 13-05-13 te Preparer's tax (see instruction	I to the best of my of which preparer has and
Net assets or fund balances Subtract line 21 from line Signature Block so of perjury, I declare that I have examined this return, incide belief, it is true, correct, and complete. Declaration of present the present of the second of the se	luding accompanying s parer (other than offic	chedules and ster) is based on a	atements, and all information 13-05-13 te Preparer's tax	I to the best of my of which preparer has and
	City or town, state or country, and ZIP + 4 ITHACA, NY 14850 F Name and address of principal officer DAVID J SKORTON PRESIDENT 341 PINE TREE ROAD ITHACA, NY 14850 status 501(c)(3) 501(c) () (insert no) 494 HTTP //WWW CORNELL EDU Inzation 60 Corporation 7 Trust Association 7 Other 7 Summary effly describe the organization's mission or most signification, RESEARCH, MEDICAL SERVICES AND Outline 7 mber of voting members of the governing body (Part VI mber of independent voting members of the governing tall number of individuals employed in calendar year 20 tall number of volunteers (estimate if necessary) tall unrelated business revenue from Part VIII, column turrelated business taxable income from Form 990-T, Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, a column (C) in the revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9c, 9	City or town, state or country, and ZIP + 4 ITHACA, NY 14850 F Name and address of principal officer DAVID J SKORTON PRESIDENT 341 PINE TREE ROAD ITHACA, NY 14850 status	City or town, state or country, and ZIP + 4 ITHACA, NY 14850 F Name and address of principal officer DAVID J SKORTON PRESIDENT 341 PINETREE ROAD ITHACA, NY 14850 H(b) Are all If "No HTTP //WWW CORNELL EDU HTTP //WWW CORNELL EDU HTTP //WWW CORNELL EDU Each of the organization's mission or most significant activities UCCATION, RESEARCH, MEDICAL SERVICES AND OTHER PUBLIC SERVICES WHATTP if the organization discontinued its operations or disposed of more than 2 mber of voting members of the governing body (Part VI, line 1a)	City or town, state or country, and ZIP + 4 F Name and address of principal officer DAVID J SKORTON PRESIDENT 341 PINE TREE ROAD ITHACA, NY 14850 H(b) Are all affiliates? H(b) Are all affiliates incl If "No," attach a li H(c) Group exemption HTTP //WWW CORNELL EDU INZBRION

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

Par	t III		f Program Ser le O contains a re		lishments Jestion in this Part	III	F
1	Brief	ly describe the or	ganızatıon's mıssıd	on			
SEE	SCHEE	DULE O					
2		ne organization un rior Form 990 or 9			ervices during the y	year which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these	new services on	Schedule O			
3	servi	ces?			nt changes in how i	t conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these	changes on Sche	dule O			
4	exper	nses Section 501	(c)(3) and 501(c)	(4) organizations	s and section 4947	s three largest program servic ?(a)(1) trusts are required to r each program service reporte	eport the amount of
4a	(Code	e) (Expenses \$	937,055,000	including grants of \$	44,871,390) (Revenue \$	508,331,000)
	PRIM. INTER	ARY CAMPUSES ARE I RNATIONAL PRESENCE	N ITHACA, NEW YORK IN EDUCATION AND I	AND WEILL-CORNE IS NOTED FOR ITS M	LL MEDICAL COLLEGE L 1EDICAL COLLEGE IN Q	OST-DOCTORAL AND CONTINUING EL OCATED IN NEW YORK CITY THE UN ATAR DURING THIS FISCAL YEAR, TH 5), JD, MD, DVM (386)	IIVERSITY ALSO HAS A SIGNIFICANT
4b	(Code) (Expenses \$	761,708,000	ıncludıng grants of \$) (Revenue \$	679,938,000)
40	•		, , , , ,	, ,	,	OR COMPONENT OF THE UNIVERSITY	, , , , , , , , , , , , , , , , , , ,
	ORGA					IDES THE PATIENT BASE ESSENTIAL	
							404 704 000
4 c	(Code) (Expenses \$	561,727,000	including grants of \$, , , , ,	, , ,
	SUPP	ORT AND \$147 MILLIC		RECOVERIES ALTHO	OUGH THE REVENUES :	NUES FROM SPONSORED AWARDS IN INCLUDE GRANT AND CONTRACT REV	
4d			es (Describe in So	•			450 400 045 \
	(Exp	enses \$	420,238,236 ır	ncluding grants o	of \$) (Revenue \$	659,693,867)
4e	Tota	ıl program service	expenses ► \$	2,680,728,23	6		

	Part TV	Check	list of	Peguired	Schedule
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			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 instructions)? $^{f 2}$	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		Νο
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	
	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
	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	Yes	
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	
	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part 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	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		N o
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	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	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 questions 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		No
С	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		N o
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? 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 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		N o
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 27,597			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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	10	163	
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 or securities account)?	4 a	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?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		No
	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	7		
	business holdings at any time during the year?	8		Νo
2	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
о О	Section 501(c)(7) organizations. Enter	90		
D	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			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	Lisc			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	If "Vac " has it filed a Form 720 to report these nauments? If "No " provide an evaluation in Schodule O	. 4 A L		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a Enter the number of voting members included in line 1a, above, who are 1b 53 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 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 16a Yes **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Yes Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed►AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA 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 made these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

(607) 255-3581

State the name, physical address, and telephone number of the person who possesses the books and records of the organization UNIVERSITY CONTROLLER 341 PINE TREE ROAD ITHACA, NY 148502820

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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(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
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				\vdash			_			

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

(A) Name and Title	(B) A verage hours per week (describe	unles an	e than	not one son i	e bo is bo nd a	x, oth		Rep comp fro organi	(D) portable pensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-		Estima amount of compen from organizat	ated of other sation the ion and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organıza	
See Additional Data Table													
											_		
											_		
											+		
											\dashv		
											\dashv		
							۲	•		•			
d Total (add lines 1b and 1						_	*		21,141,810		0		1,664,599
2 Total number of individua	ls (ıncludıng but not lın	nited to	those	e list	ted) who	receiv		an			, ,
\$100,000 of reportable c	ompensation from the	organız	ation F	- 3,1	26								_
3 Did the organization list a on line 1a? If "Yes," comp					ey e •	mploy •	ee, c	or highe:	st compens	ated employee	3	Yes	No No
4 For any individual listed organization and related of individual											4	Yes	
5 Did any person listed on I										or individual for		1	
services rendered to the	organization? <i>If "Yes,"</i> :	complet	e Sche	edule	<i>9 J †</i> (or suci	n per	son .		•	5		No
Section B. Independen													
Complete this table for you \$100,000 of compensation or within the organization	on from the organizatio 's tax year									ng with			
OTERANS PERO CO	(A) Name and business ad	dress							Desc	(B) ription of services		Compe	
GILBANE BLDG CO 16 CORPORATE WOODS ALBANY, NY 12211									CONSTRUCT	TON SVCS		3	3,175,657
LECHASE CONSTRUCTION 72 CASCADE DRIVE ROCHESTER, NY 14614									CONSTRUCT	TION SVCS		2	2,744,859
ENNEAD ARCHITECTS LLP 320 WEST 13TH STREET 8TH FLOOR NEW YORK, NY 10014									ARCHITECT	JRE SVCS		1	.,882,485
LECESSE CONSTRUCTION 75 THRUWAY PARK DR WEST HENRIETTA, NY 14586									CONSTRUCT	TION SVCS		1	.,672,424
GEMINI CONSULTING SERVICES ILC 3636 S GEYER ROAD SUITE 270 SUNSET HILLS, MO 63127									CONSULTIN	G SVCS		1	,410,410
2 Total number of independe													

Form 99		<u> </u>						Page 9
Part \	<u> </u>	Statement of	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
\$ \$	1a	Federated cam	paigns 1a					
E E	ь	Membership du	es 1b	2,291,535				
e B	c	Fundraising ev	ents 1c	1,466,210				
¥¥	d	Related organiz	zations 1d	13,745,431				
% E	e	Government grant	s (contributions) 1e	61,089,000				
<u> 등</u> 등	f	All other contribution	ons, gifts, grants, and 1f	593,683,824	i			
Contributions, gifts, grants and other similar amounts	g	similar amounts no	ot included above ibutions included in					
E o			9,099,929					
o E	h	· —	s 1a-1f	▶	672,276,000			
	1			Business Code				
TILe	2a	EDUCATION TUIT	ION NET OF DISCOUNT	900099	508,331,000	508,331,000		
e Ke	ь	GRANTS AND CON	TRACTS FOR	900099	604,731,000	604,731,000		
o G		RESEARCH, ETC	<u> </u>		570.000.000	5-0.000.000		
Program Serwce Revenue	C	MEDICAL SERVICE	_	900099	679,938,000	679,938,000		
	d		SION GOVT APPROP	900099	150,469,000	150,469,000		
ran L	e	AUXILIARY ENT -R	_	900099	153,408,000	153,408,000		
Ş	f	All other progra	am service revenue		355,816,867	355,816,867		
<u> </u>	g	Total. Add lines	s 2a – 2f		2,452,693,867			
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·				
			aramounts)	-	111,380,479	0	15,147,820	96,232,659
	4		stment of tax-exempt bond	proceeds P	99,521	0	0	99,521 13,013,180
	5	Royalties	(ı) Real	(II) Personal	15,015,100	J	-	13,013,100
	6a	Gross rents	92,000	(II) F ersonal				
	ь	Less rental	9,000					
	l c	expenses Rental income	83,000					
	d	or (loss)	me or (loss)		83,000	o	0	83,000
	"	Net rental inco	(i) Securities	(II) O ther	53,000	, and the second	Ü	03,000
	7a	Gross amount from sales of assets other	8,807,724,000	(ii) o eller				
	ь	than inventory Less cost or other basis and sales expenses	8,682,813,000					
	C	Gain or (loss)	124,911,000				_	
ds.	d 8a		rom fundraising		124,911,000	0	0	124,911,000
Other Revenue		\$1,466 of contributions						
<u> </u>	ь	less directev	penses b	75,870				
₹	c		(loss) from fundraising	474,423 events ►	-398,553		0	-398,553
	9a	Gross income f	rom gaming activities ne 19					
	ь		penses b					
	С		loss) from gamıng actı) ا	vities	0	0	0	0
	10a	Gross sales of returns and allo		22,592,712				
	ь		oods sold b	16,059,718				
	С		(loss) from sales of inve		6,532,994	0	40,364	6,492,630
		Mıscellaneou	s Revenue	Business Code				
	11a							
	b							
	C .	Λ II						
	d e		ue s11a-11d					
		rocal. And lines	3 11 a - 1 1 u · · ·		0			
	12	Total revenue.	See Instructions	▶	3,380,591,488	2,452,693,867	15,188,184	240,433,437

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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 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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 61,304,960 61,304,960 Grants and other assistance to individuals in the United States See Part IV, line 22 44,871,390 44,871,390 Grants and other assistance to governments, organizations, and individuals outside the United 174,000 174,000 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 6,446,740 644,674 1,934,022 3,868,044 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages 1,526,953,709 1,324,873,262 167,964,908 34,115,539 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 86,273,000 66,064,955 16,796,491 3,411,554 241,829,777 210,391,906 26,601,275 4,836,596 Other employee benefits Payroll taxes 77,116,773 67,091,593 8,482,845 1,542,335 Fees for services (non-employees) 11 Management 8,270,474 909,752 7,360,722 Legal Accounting 674,555 674,555 318,151 Lobbying 318,151 Professional fundraising See Part IV, line 17 . . 804,055 804,055 Investment management fees 11,421,410 11,421,410 92,772,586 80,848,774 10,239,982 1,683,830 Advertising and promotion . . . Office expenses 39,414,860 34,290,928 13 4,335,635 788,297 18,944,806 16,481,981 2,083,929 Information technology 378,896 Royalties . . 3,077,654 3,077,654 16 107,734,000 93,728,580 11,850,740 2,154,680 35,622,988 27,429,701 5,343,448 2,849,839 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 8,762,434 7,623,317 963,868 175,249 86,201,000 86,201,000 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 203,587,000 181,192,430 22,394,570 23 51,166,657 49,020,792 1,815,732 330,133 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) OTHER SUPPLIES(LAB, COMPUTER) 51,355,071 45,706,013 5,649,058 SUB CONTRACTS 47,634,006 47,634,006 COST OTHER THAN CAMPUS STORE 35,601,268 35,601,268 COMMUNIC, MEMBERSH, EMPL TRG 26,933,477 26,664,143 d 269,334 е f All other expenses 193,482,434 150,354,222 42,011,174 1,117,038 25 Total functional expenses. Add lines 1 through 24f 3,068,749,235 2,680,728,236 329,646,763 58,374,236 Joint costs. Check here ► □ If following

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 5,464,098 52,598,376 1 1 140,605,902 210.055.803 2 2 Savings and temporary cash investments 3 584,483,000 3 950,934,834 353.568.000 231.812.987 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 69,441,000 69,093,000 7 8,224,331 8.466.000 39.502.669 9 32.816.000 Prepaid expenses and deferred charges 5,590,730,000 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10ь b Less accumulated depreciation 2,268,832,000 3,147,011,000 10c 3,321,898,000 1,695,842,000 1,068,868,000 11 11 4,652,385,000 4,847,965,000 12 Investments—other securities See Part IV, line 11 12 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets 14 112,035,000 15 105,557,000 15 10,808,214,000 10,900,413,000 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 367,160,000 17 623,396,000 17 Accounts payable and accrued expenses . 18 47.094.000 18 48,067,000 19 294,035,000 19 205,973,000 20 1.345.630.000 20 1.312.620.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 586,506,000 23 583.938.000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 656,794,000 25 648,749,000 D 26 3,297,219,000 26 3,422,743,000 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2,751,527,000 27 Unrestricted net assets 2,409,552,000 2,432,376,000 28 2,616,355,000 28 Temporarily restricted net assets Fund 29 2,327,092,000 29 2,451,763,000 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 7.510.995.000 33 7,477,670,000 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 10,808,214,000 10.900.413.000 34

Pa	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		3 380 •	591,488
2	Total expenses (must equal Part IX, column (A), line 25)	2			749,235
3	Revenue less expenses Subtract line 2 from line 1	3		311,8	342,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,510,9	995,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-345,1	167,253
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		7,477,6	570,000
Pai	rt XIII 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 taudit, 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 its 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 is on a separate basis, consolidated basis, or both	ssued			
	☐ 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?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493133031933

Employer identification number

15-0532082

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

CORNELL UNIVERSITY

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.

Par	t I	Reas	on for Pu	ıblic Charity Sta	tus (All or	ganızatıons	s must com	plete this p	oart.) See	instructio	ns			
he o	rganız	zatıon ıs	not a priva	te foundation becaus	eitis (For	lınes 1 throu	ugh 11, chec	k only one b	ox)					
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation o	fchurches :	section 170(l	o)(1)(A)(i).						
2	굣	A scho	ol describe	d ın section 170(b)(1	L)(A)(ii). (A	ttach Sched	ule E)							
3	Г	A hosp	ital or a cod	perative hospital se	rvice organi	zatıon descr	ıbed ın sectio	on 170(b)(1)	(A)(iii).					
4	Γ			h organization operat ity, and state	ted in conjur	nction with a	hospital des	cribed in se c	ction 170(b)	(1)(A)(iii)). Enter t	he		
5	Г	An orga	anızatıon op	perated for the benefi	t of a college	e or universi	ty owned or o	perated by	a governmei	ntal unit de	 escribed	ın		
	·	=	•	(A)(iv). (Complete P	_		•	. ,	3					
6	Г				•	tal unit desc	ribed in sect	ion 170(b)(1)(A)(v).					
7	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)												
8	Г			described in sectior		A)(vi) (Cor	mplete Part I	I)						
9				at normally receives					butions, mei	mbership f	ees, and	gross		
	·			/ities related to its e										
				oss investment inco										
		•		ganızatıon after June				•		,				
LO	Г													
1	Γ	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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												
e	Γ	other the section	han foundat n 509(a)(2)		her than one	or more pub	olicly support	ed organiza	tions descri	bed in sect	tion 509	(a)(1) or		
f g		check f	this box	received a written do						III suppo	rting org	anization,		
				rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)	Y	res No		
		and (III) below, the	governing body of th	ne the suppo	rted organız	atıon?			1	1g(i)			
		(ii) a fa	mily memb	er of a person descri	bed in (i) ab	ove?				1	1g(ii)	\neg		
		(iii) a 3	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			1:	1g(iii)			
h		Provide	e the followi	ng information about	the support	ed organızat	cion(s)				,			
s	(i) Name uppor ganıza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i)lis your gove docume	e Ion In ted In Erning	(v) Did you no organizat col (i) of	ion in your	(vi Is t organiza col (i) or in the l	he ition in ganized		(vii) mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No				
			l	1	1	+	1	+	+					

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493133031933

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

> Open to Public **Inspection**

Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

► Complete if the organization is described below.

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

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

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

Se If th	ection 501(c)(3) organizations that	thave filed Form 5768 (election under state have NOT filed Form 5768 (election under state), the form 990, Part IV, Line 5 (Prozations Complete Part III	nder section 501(h)) Complete Part II-E	3 Dor	not co	mplete Part	II-A
	me of the organization			Employe	erıder	ntıfıc a	ition numbe	r
CO	RNELL UNIVERSITY			15-053	2082			
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c				 ianizatio	
1		ganızatıon's dırect and ındırect politic						
2	Political expenditures			1	-	\$		
3	V olunteer hours							
Par	•	ganization is exempt under s		(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		•	\$ <u></u>		
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	-	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O 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 or	ganization is exempt under s	section 501(c) except section	n 50:	1(c)	(3).	
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	t function activities	F	\$		
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to oth	ner organizations	for section 527	•	\$		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	nd on Form 1120)-POL. line 17b	•			
						\$ <u> </u>		□ No
4	Did the filing organization file F	,						,
5	organization made payments F amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid from rectly delivered t	m the filing organizat to a separate politica	tıon's al orga	funds anızat	Also ente	r the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organizatio funds If none, ento	n's	dır) A mount of ntributions and prompt rectly delive separate por ganization	received day and ered to a

			funds If none, enter -0-	directly delivered to a separate political organization If none, enter - 0 -
or Privacy Act and Paperwork Reduction	on Act Notice, see the instructions for Fe	orm 990. Ca	t No 50084S Schedule C (F	orm 990 or 990-F7\ 2011

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S11,000,000 S11,000,000 F11,000,000			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
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Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:								
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
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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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al 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) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	,		90
Part II-B	Complete if the org	panization is exempt under section 501(c)(3) and has NOT filed Form 57	768
	(election under sec	ction 501(h)).	

		(6	3)	(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		529,506
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			529,506
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		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
)aı	\mathbf{t} III=A. Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c	1(5). 0	r 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	

- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

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 AND REMINDS THE UNIVERSITY COMMUNITY, AT THE TIME OF ANY IMPORTANT LOCAL, STATE OR NATIONAL ELECTION, ABOUT THE PROHIBITION AGAINST UNIVERSITY PARTICIPATION THE MESSAGE MAKES CLEAR THAT THIS PROHIBITION DOES NOT IN ANY WAY AFFECT AN INDIVIDUAL'S PERSONAL ACTIVITIES THE UNIVERSITY DOES NOT DEEM IT NECESSARY TO ISSUE A FORMAL POLICY ON POLITICAL CAMPAIGN PROHIBITIONS THROUGH ITS POLICY OFFICE
PART II-B-LINE 1 I		IN ADDITION TO MEETING WITH GOVERNMENT OFFICIALS TO ADVANCE THE INTERESTS OF HIGHER EDUCATION IN GENERAL AND UNIVERSITY BASED RESEARCH ACTIVITIES IN PARTICULAR, THE UNIVERSITY IS A MEMBER OF KEY ORGANIZATIONS THAT ALSO LOBBY ON BEHALF OF ISSUES AFFECTING HIGHER EDUCATION

2b 2c

3

4

5

DLN: 93493133031933

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

ntema	l Revenue Service	► Attach to	Form 990. ► See separate instructions.		Inspection
Compete University	tion number				
Part Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Comp organization answered "Yes" to Form 990, Part IV, Inne 6. Total number at end of year					
Pa	Employer identification 15-032/082	. Complete if the			
	organız	ation answered "Yes" to Form			·
			(a) Donor advised funds	(b) Funds and o	ther accounts
		, -, ,			
		· · · · · · · · · · · · · · · · · · ·			
		•			
5				or advised	┌ Yes ┌ No
6	used only for cl	haritable purposes and not for the b			□Yes □No
Pa			te if the organization answered "Yes" to	Form 990. Part IV	<u> </u>
		•			, <i>,</i> .
_	Preservation	on of land for public use (e g , recre	ation or pleasure) Γ Preservation of an		•
	Preservation	on of open space			
2			ualified conservation contribution in the form	of a conservation	
				Held at the	End of the Year
а	Total number o	f conservation easements		2a	
b	Total acreage r	restricted by conservation easeme	nts	2b	
c	Number of cons	servation easements on a certified	historic structure included in (a)	2c	
d	Number of cons	servation easements included in (c) acquired after 8/17/06	2d	
3	Number of cons	servation easements modified, tran	sferred, released, extinguished, or terminated	d by the organization	durıng
	the taxable yea	ar >			
4	Number of state	es where property subject to conse	ervation easement is located >		
5	Does the organ	nization have a written policy regard	ding the periodic monitoring, inspection, hand	— ling of violations, and	
6	Staff and volun	teer hours devoted to monitoring, i	nspecting and enforcing conservation easeme	ents during the year F	·
7		enses incurred in monitoring, inspe	cting, and enforcing conservation easements	during the year	
_					
8	170(h)(4)(B)(ı)) and 170(h)(4)(B)(II)?			
9	balance sheet,	and include, if applicable, the text	of the footnote to the organization's financial :		
Par	t IIII Organi Comple	izations Maintaining Collectets if the organization answere	tions of Art, Historical Treasures, c d "Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.
1a	art, historical t	reasures, or other similar assets h	eld for public exhibition, education or researc	h ın furtherance of pu	
b	historical treas	ures, or other similar assets held f	or public exhibition, education, or research in		
	(i) Revenues ir	ncluded in Form 990, Part VIII, lin	e 1	► \$	1,551,215
	(ii) Assets incl	uded in Form 990, Part X		F \$	72,652,845
2	If the organizat	cion received or held works of art, h		r financial gain, provid	de the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Hist	torical T	reasur	es, or C	the	r Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	_		_			lection	1	
а	Public exhibition		d	✓ Loan	orexcha	inge prog	rams	3			
b	Scholarly research		e	┌ Othe	er						
C	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	they furth	er the or	ganızatıor	ı's e	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answere	:d "ነ	es" to Forr	n 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	diary	for contrib	utions or	other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the f	ollow	ıng table		-		,			
									Amou	ınt	
C	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/									
Par	t V Endowment Funds. Complete	ıf the organızatıon	ansv	wered "Ye	es" to Fo	rm 990,	, Pa	rt IV, lıne 1	١٥.		
		(a)Current Year	(b)	Prior Year	(c)Two	Years Bacl	k (d) Three Years	Back		ır Years ack
1a	Beginning of year balance	4,928,070,000		4,259,950,00	00 3	3,836,289,0	00	5,248,00	9,000		acit
ь	Contributions	107,392,000		112,278,00	00	109,055,0	00	249,81	0,000		
c	Investment earnings or losses	-9,223,000		734,562,00	00	393,907,0	00	-1,369,89	3,000		
d	Grants or scholarships	-30,500,080		-22,504,82	20	-26,326,3	25	-30,54	5,000		
e	Other expenditures for facilities and programs	-154,846,560		-115,986,38	30	-129,429,5	05	-150,17	0,000		
f	Administrative expenses	-49,269,360		-34,622,80	00	-39,769,1	70	-46,14	2,000		
g	End of year balance	5,260,855,000	í	5,279,904,00	00 4	1,534,776,0	00	4,354,78	3,000		
2	Provide the estimated percentage of the yea	r end balance held a	s						·		
а	Board designated or quasi-endowment	33 000 %									
b	Permanent endowment ► 62 000 %										
c	Term endowment ► 5 000 %										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion t	hat are hel	ld and ad	ministere	d for	the			
	organization by							_		Yes	No
	(i) unrelated organizations							[3a(i)		Νo
	(ii) related organizations							[3a(ii)		No
	If "Yes" to 3a(II), are the related organization	· · · · · · · · · · · · · · · · · · ·					•	[3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 990), Pa T	rt X, line (a) Cost or (Т		<u> </u>		
	Description of property			basis (investme	(D)	Cost or oth asıs (other)		(c) Accumulat depreciation		(d) Boo	k value
1 a L	and		L			16,187,	431			10	5,187,431
b B	Buildings		. [3,624,095,	302	1,481,355,	,025	2,14	2,740,277
c L	easehold improvements		. [279,115,	912	10,179,	,752	26	3,936,160
d E	quipment		. [641,189,	429	481,728,	,831	15	9,460,598
e 0	Other		. 「			1,030,141,	926	295,568	,392	73	1,573,534

3,321,898,000

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		d of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests	77,579,000		F
Other			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4,847,965,000		
Part VIII Investments—Program Related. See		.3.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr			
(a) Descrip			(b) Book value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount		
Federal Income Taxes	115.063.000		
OBLIGATIONS UNDER SPLIT INT AGMTS	115,063,000		
DEFERRED BENEFITS	443,639,000		
FUNDS HELD IN TRUST FOR OTHERS	90,047,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	648,749,000		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	3,380,591,488
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,068,749,235
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	311,842,253
4	Net unrealized gains (losses) on investments	4	-193,429,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-151,738,253
9	Total adjustments (net) Add lines 4 - 8	9	-345,167,253
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-33,325,000
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	3,081,869,000
2	A mounts 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	-142,427,488
3	Subtract line 2e from line 1	3	3,224,296,488
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	156,295,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,380,591,488
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	3,115,194,000
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)		
e	Add lines 2a through 2d	2e	48,617,155
3	Subtract line 2e from line 1	3	3,066,576,845
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	2,172,390
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,068,749,235
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, LINE 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, RESEARCH AND PUBLIC OUTREACH 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 FUNCTIONING AS ENDOWMENT) THE INCOME FROM THE ENDOWMENT PROVIDES CRITICAL SUPPORT FOR ENDOWED FACULTY CHAIRS, STUDENT FINANCIAL AID AND SUPPORT FOR VARIOUS INSTITUTIONAL PROGRAMS FOR TEACHING, RESEARCH AND PUBLIC OUTREACH
PART XI, LINE 8		OTHER ADJUSTMENTS THE TOTAL ADJUSTMENT IN THE AMOUNT OF (\$151,738,253) CONSISTS OF THE FAIR MARKET VALUE ADJUSTMENTS FOR DEBT SWAPS AND SPLIT INTERESTS (\$156,295,000), ADJUSTMENT FOR SUBSIDIARY NET INCOME OF \$2,384,357 AND \$2,172,390 FOR NET INCREMENTAL INCREASE IN INSTITUTIONAL LOANS FOR STUDENTS
Part XII, Line 2d		OTHER ADJUSTMENTS THE TOTAL ADJUSTMENT IN THE AMOUNT OF \$51,001,512 CONSISTS OF SUBSIDIARY REVENUE AND REVENUE RELATED TO RECLASSIFICATIONS
Part XII, Line 4B		OTHER ADJUSTMENTS THE TOTAL ADJUSTMENT IN THE AMOUNT OF \$156,295,000 CONSISTS OF THE FAIR MARKET VALUE ADJUSTMENTS FOR INVESTMENTS, SPLIT INTEREST AGREEMENTS AND DEBT SWAPS
PART XIII, LINE 2D		OTHER ADJUSTMENTS THE TOTAL ADJUSTMENT IN THE AMOUNT OF \$48,617,155 CONSISTS OF SUBSIDIARY EXPENSES AND EXPENSES RELATED TO RECLASSIFICATIONS
Part XIII, Line 4B		OTHER ADJUSTMENTS THE TOTAL ADJUSTMENT IN THE AMOUNT OF \$2,172,390 CONSISTS OF NET INCREMENTAL INCREASE IN INSTITUTIONAL LOANS FOR STUDENTS

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	166,182,000	F
FOREIGN EQUITIES	104,673,000	F
HEDGED EQUITIES	505,441,000	F
PRIVATE EQUITIES	1,066,971,000	F
FIXED INCOME ASSET BACKED SEC	35,151,000	F
FIXED INCOME CORPORATE BONDS	392,415,000	F
FIXED INCOME EQUITY PRTSHPS	295,116,000	F
FIXED INCOME OTHER	546,262,000	F
MARKETABLE ALT AND RE	1,645,742,000	F
OTHER	12,433,000	F

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As Filed Data -

DLN: 93493133031933

OMB No 1545-0047

2011

Open to Public

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 CORNELL UNIVERSITY

Employer identification number

15-0532082

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	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	3_	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	- - 4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
	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? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
t	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No.
	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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		V 5 -	110
	or New 1706 73 30, 1373 2 6 B 307, covering racial nondiscrimination? If No, explain on Fait II	7	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 ONGOING 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. THE MAJOR LOAN PROGRAMS ARE W.D. FORD SUBSIDIZED AND UNSUBSIDIZED LOANS, PERKINS LOANS AND DIRECT PLUS LOANS. EMPLOY MENT INCLUDES FUNDS FOR FEDERAL WORK-STUDY. THE MAJOR GRANTS ARE PELL GRANTS AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY. ASSISTANCE PROGRAM (TAP)

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493133031933

OMB No 1545-0047

SCHEDULE F (Form 990)

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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

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

- 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 No
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

United S	States					
3 Activite	s 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	(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 region/investments in region
See A	dd'l Data					
-						
3a Sub-tot		1	328			1,001,394,045
to Part 1		3	13			3,256,341
	add lines 3a and 3b)	4				1,004,650,386
For Privacy Act	and Paperwork Reduction	Act Notice, see	the Instructions f	or Form 990. Cat	No 50082W Schedu	ule F (Form 990) 2011

Pa	Part IV,	line 15, for any	sistance to Orgar y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	olete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
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)
	-								
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities				. ▶	
								Schodulo E	(Form 990) 2011

Part IIII 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 if additional space is needed.

Ose Part v ir additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount 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)
STUDENT TRAVEL GRANT	Cent A merica/Caribbean	13	0		26,000	TICKETS	COST
STUDENT TRAVEL GRANT	East Asia/Pacific	17	0		34,000	TICKETS	COST
STUDENT TRAVEL GRANT	Europe/Iceland/Greenland	18	0		36,000	TICKETS	COST
STUDENT TRAVEL GRANT	Middle East/North Africa	3	0		6,000	TICKETS	COST
STUDENT TRAVEL GRANT	North America	2	0		4,000	TICKETS	COST
STUDENT TRAVEL GRANT	Russia	1	0		2,000	TICKETS	COST
STUDENT TRAVEL GRANT	South America	17	0		34,000	TICKETS	COST
STUDENT TRAVEL GRANT	South Asia	5	0		10,000	TICKETS	COST
STUDENT TRAVEL GRANT	Sub-Saharan Africa	11	0		22,000	TICKETS	COST
					<u> </u>	C-l	dula E (Earm 000) 2011

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>	<u> </u>	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)	Г	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)	굣	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)	[ত	Yes	Г	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	Г	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	Г	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5**

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

ldentifier	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 OTHER GRANTS TO OUR STUDENTS WHERE THEIR RESEARCH ACTIVITY OCCURS OUTSIDE THE U S

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 F	art I - Activit	ies 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	Program Services	Grantmakıng	812,378
Europe (Including Iceland and Greenland)	0	0	Program Services	Grantmakıng	1,739,038
Middle East and North Africa	0	0	Program Services	Grantmaking	715,978
North America	0	0	Program Services	Grantmakıng	902,649
Russia and the Newly Independent States	0	0	Program Services	Grantmakıng	24,150
South America	0	0	Program Services	Grantmaking	1,146,934
South Asia	0	0	Program Services	Grantmaking	3,041,903
Sub-Saharan Africa	0	0	Program Services	Grantmaking	2,388,704
Central America and the Caribbean	0	0	Program Services	Medical Services	1,007,907
East Asia and the Pacific	0	0	Program Services	RESEARCH	101,170
Europe (Including Iceland and Greenland)	0	0	Program Services	RESEARCH	333,035
Middle East and North Africa	1	325	Program Services	RESEARCH	88,056,850
North America	0	0	Program Services	RESEARCH	113,443
South America	0	0	Program Services	RESEARCH	39,474
Sub-Saharan Africa	0	3	Program Services	EDUCATION & RESEARCH	319,762
Central America and the Caribbean	0	0	Investments	N/A	815,255,725
Europe (Including Iceland and Greenland)	0	0	Investments	N/A	85,394,945
East Asia and the Pacific	1	2	Program Services	EDUCATION	413,976
Europe (Including Iceland and Greenland)	1	9	Program Services	EDUCATION	2,486,485
North America	0	1	Program Services	EDUCATION	41,416
South America	0	1	Program Services	EDUCATION	134,515
South Asia	1	0	Program Services	EDUCATION	179,949

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As Filed Data -

DLN: 93493133031933

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Inspection

Name of the organization CORNELL UNIVERSITY

Employer identification number

15-0532082

Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to	Form 990,	Part IV, line 17.
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- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations e Solicitation of non-government grants
 - Solicitation of government grants Internet and e-mail solicitations
- 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?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(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			
GRENZENBACK GLIER ASSOC 401 N Michigan Chicago, IL 60611	CONSULTING		No	0	151,488	0
COMMUNITY CONSULTING SERVICE 461 5TH AVE NEW YORK, NY 10017	CONSULTING		No	0	530,000	0
JFM GROUP 629 fifth Avenue PELHAM, NY 10803	EVENT MGM		No	1,542,080	61,284	1,480,797
Total				1,542,080	742,772	1,480,797

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

AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, SC, TN, UT,

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					
		. ,	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events	
			CABARET NIGHT		0	(Add col (a) through col (c))	
dì			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,542,080)		1,542,080	
	2	Less Charitable contributions	1,466,210			1,466,210	
	3	Gross income (line 1 minus line 2)	75,870			75,870	
S	4	Cash prizes					
	5	Non-cash prizes	591			591	
Expenses	6	Rent/facility costs	159,656			159,656	
ă	7	Food and beverages	68,235			68,235	
Direct	8	Entertainment	33,895			33,895	
Δ	9	Other direct expenses .	212,046	;		212,046	
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(474,423)	
	11	Net income summary Combine lii	nes 3 and 10 ın column (d)		-398,553	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt 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					
90	2	Cash prizes					
Expenses	3	Non-cash prizes					
ற் ர	4	Rent/facility costs					
D □	5	Other direct expenses					
	6	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes	_	
	7	()					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>		
9 a b	Ente Is th	· Fyes FNo					
10a b	, , , , , , , , , , , , , , , , , , , ,						

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3						
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No						
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity								
	formed to administer charitable (gamıng?		· · · · F Yes F	- No						
13	Indicate the percentage of gamii	ag activity operated in		1 1							
a				13a							
b											
14		f the person who prepares the organiza		<u> </u>							
	Name ►										
	Address ►										
	revenue?	ntract with a third party from whom the			_ No						
		ed by the third party 🟲 \$									
С	If "Yes," enter name and address										
	Name 🟲										
	Address ►										
16	Gaming manager information										
	Name 🟲										
	Gaming manager compensation I	\$ \$									
	Description of services provided	>									
17 a		Employee er state law to make charitable distribu		· · ·	- No						
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-						
_		activities during the tax year > \$		hadala C /							
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see							
	Identifier	ReturnReference	Explana	tion							
		•	•								

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493133031933

Open to Public Inspection

Name of the organization Employer identification number CORNELL UNIVERSITY 15-0532082 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

315

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	5491	44,871,390			

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 NOT PROVIDED)
SCHEDULE I	PART III	THE FINANCIAL AID OF \$44,871,390 REPRESENTS THE UNIVERSITY'S GRANT AID FOR APPROXIMATELY 5,491 STUDENTS IT CONSISTS OF \$42,699,000 FOR LIVING EXPENSES AND \$2,172,390 IN INCREMENTAL SUPPORT FROM INSTITUTIONAL LOANS REPORTED ON THE 990 AS FINANCIAL AID EXPENSE 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 2012, THE SCHOLARSHIP ALLOWANCE WAS \$333,873,000

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
AGING IN NEW YORK FUND INC 2 LAFAYETTE STREET SUITE 2100 NEW YORK, NY 10007	13- 3153550	1 501761631	25,000				RESEARCH
ALBANY MEDICAL COLLEGE47 NEW SCOTLAND AVENUE MC-116 ALBANY,NY 12208	14- 1338310	1 501(6)(3)	35,255				RESEARCH

(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
ALBERT EINSTEIN COLLEGE OF MEDICINE1300 MORRIS PARK AVENUE BRONX,NY 10461	13- 1624225	501(c)(3)	8,925				RESEARCH
AMERICAN ASSOC OF PEOPLE WITH DISABILITIES1629 K STREET NW SUITE 950 WASHINGTON, DC	52- 1930174	501(c)(3)	15,000				RESEARCH

(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 EVALUATION ASSOCIATION16 SCONTICUT NECK ROAD 290 FAIRHAVEN, MA 02719	52- 1463557	501(c)(3)	20,000				RESEARCH
ARIZONA STATE UNIVERSITY (ASU) PO BOX 876011 TEMPE, AZ 852876011	99- 9999999	501(c)(3)	562,406				RESEARCH

(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
ASHIMA RESEARCH600 S LAKE AVENUE UNIT 104 PASADENA, CA 91106	26- 4374627		20,000				RESEARCH
ATC-NY33 THORNWOOD DRIVE SUITE 500 ITHACA,NY 14850	16- 1549760		303,014				RESEARCH

(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
BANNER RESEARCH INSTITUTE10515 W SANTA FE DR SUN CITY, AZ 85351	86- 0768795	501(c)(3)	34,630				RESEARCH
BAPTIST HEALTH 11900 COL GLENN RD SUITE 2000 LITTLE ROCK, AR 72210	71- 0236856	501(c)(3)	23,236				RESEARCH

(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
BAYLOR COLLEGE OF MEDICINE1 BAYLOR PLAZA ROOM BCMM929 HOUSTON,TX 77030	74- 1613878	I 501(c)(3)	39,061				RESEARCH
BEDFORD VA RESEARCH200 SPRING ROAD MS151 BUILDING 2A R BEDFORD, MA 01730	04- 3512440	501(c)(3)	47,096				RESEARCH

(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
BELTON SPACE EXPLORATION INITIATIVES430 SOUTH RANDOLPH WAY TUCSON, AZ 85716	86- 0987248		32,859				RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BR264 BOSTON, MA 02215	04- 2103881	501(c)(3)	166,500				RESEARCH

(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 DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04- 2103881	501(c)(3)	44,606				RESEARCH
BIOSONICS INC 4027 LEARY WAY NW SEATTLE, WA 98107	91- 1034706		43,670				RESEARCH

(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
BOSTON UNIVERSITY715 ALBANY STREET BOSTON, MA 02218	04- 2103547	501(c)(3)	24,580				RESEARCH
BOWLING GREEN STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS AND RE BOWLING GREEN, OH 434030230	34- 6402018	501(c)(3)	5,682				RESEARCH

<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
BOYCE THOMPSON INSTITUTE FOR PLANT RESEARCH 100 BOYCE THOMPSON TOWER ROAD ITHACA,NY 14853	13- 1739923	501(c)(3)	671,708				RESEARCH
BRADLEY UNIVERSITY1501 W BRADLEY AVENUE 215 BRADLEY PEORIA, IL 616250313	37- 0661949	501(c)(3)	27,174				RESEARCH

(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
BRIGHAM & WOMENS HOSPITAL ONE BRIGHAM CIRCLE SUITE 418 DEPT O BOSTON, MA 02115	04- 2312909	501(c)(3)	58,261				RESEARCH
BROWN UNIVERSITYBOX 1929 PROVIDENCE,RI 02912	05- 0258809	501(c)(3)	70,713				RESEARCH

(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 NEW YORK, NY 10605	13- 3434924	501(c)(3)	378,794				RESEARCH
BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE,RI 02906	05- 0258812	501(c)(3)	27,667				RESEARCH

(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
CAL STATE LA UNIVERSITY AUXILIARY SERV INC5151 STATE UNIVERSITY DRIVE GOLDEN LOS ANGELES, CA 900324226	95- 4016653	501(c)(3)	27,273				RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY1200 E CALIFORNIA BLVD MAIL CODE PASADENA, CA 91125	95- 1643307	501(c)(3)	369,198				RESEARCH

(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)	63,795				RESEARCH
CARY INSTITUTE OF ECOSYSTEM STUDIESBOX AB 2801 SHARON TURNPIKE MILLBROOK, NY 125450129	22- 3232968	501(c)(3)	145,782				RESEARCH

(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 UNIVERSITY10900 EUCLID AVE CLEVELAND,OH 44106	34- 1018992	501(c)(3)	153,501				RESEARCH
CATHOLIC HEALTHCARE WEST ARIZONA FILE 5743 LOS ANGELES,CA	94- 1196203	501(c)(3)	61,153				RESEARCH

(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
CENTER FOR ECONOMIC AND POLICY RESEARCH 1611 CONNECTICUT AVE NW SUITE 400 WASHINGTON, DC 20009	52- 2204029	501(c)(3)	55,944				RESEARCH
CHILD TRENDS INC 4301 CONNECTICUT AVE NW SUITE 350 WASHINGTON, DC	13- 2982969	501(c)(3)	36,417				RESEARCH

(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)	97,731				RESEARCH
CLEMSON UNIVERSITY300 BRACKETT HALL CLEMSON,SC 296345702	57- 6000254	1 5017637	23,539				RESEARCH

(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
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND,OH 44195	34- 0714585	501(c)(3)	36,169				RESEARCH
COLD SPRING HARBOR LABORATORY1 BUNGTOWN ROAD COLD SPRING HARBOR NY 11724	11- 2013303	501(c)(3)	293,867				RESEARCH

(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 COLD SPRING HARBOR,NY 11724	11- 2013303	501(c)(3)	23,494				RESEARCH
COLGATE UNIVERSITYG6 JAMES B COLGATE HALL 13 OAK DR HAMILTON,NY 133461398	15- 0532078	501(c)(3)	39,873				RESEARCH

(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
COLLEGE OF CHARLESTON OFFICE OF RESEARCH GRANTS ADMINIS CHARLESTON, SC 29424	57- 6000265	1 501(6)(3)	25,931				RESEARCH
COLLEGE OF WOOSTER1189 BEALL AVENUE WOOSTER,OH 446912393	34- 0714654	1 501(6)(3)	23,219				RESEARCH

(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 NEUROLOGICAL INSTITUTE701 EAST HAMPDEN AVENUE SUITE 510 ENGLEWOOOD,CO 80113	84- 1100975	501(c)(3)	77,370				RESEARCH
COLORADO STATE UNIVERSITY601 SOUTH HOWES ST 408 UNIVERSITY 615 WEST 131 STREET MC FORT COLLINS, CO 805232002	84- 6000545	501(c)(3)	160,946				RESEARCH

(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 SPONSORED PROJECTS ADMINSITRATION 6 NEW YORK, NY 10027	13- 5598093	501(c)(3)	353,408				RESEARCH
COLUMBIA UNIVERSITY615 WEST 131TH STREET MC 8741 NEW YORK, NY 10027	13- 5598093	501(c)(3)	807,001				RESEARCH

(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
COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR401 STATE STREET SCHENECTADY, NY 123052397		STATE OF NY	53,299				RESEARCH
CONTINUUM HEALTH PARTNERS 555 WEST 57TH STREET NEW YORK, NY 10019	13- 3939476	501(c)(3)	11,060				RESEARCH

(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
CORNELL COOPERATIVE EXTENSION121 SECOND STREET ORISKANY,NY 134249799	16- 6072888	1 501(6)(3)	34,878				RESEARCH
CORNELL COOPERATIVE EXTENSION203 NORTH HAMILTON STREET WATERTOWN,NY 136012948	16- 6072882	501(c)(3)	10,300				RESEARCH

(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
CORNELL COOPERATIVE EXTENSION417 LIBERTY STREET PENN YAN,NY 14527	16- 1159507	501(c)(3)	5,500				RESEARCH
CORNELL COOPERATIVE EXTENSION6055 ROUTE 23 ACRA,NY 12405	14- 6036887	501(c)(3)	24,114				RESEARCH

(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
CORNELL COOPERATIVE EXTENSION6064 ROUTE 22 SUITE 5 PLATTSBURGH, NY 129019601	16- 1159507	501(c)(3)	15,160				RESEARCH
CORNELL COOPERATIVE EXTENSION99 NORTH BROAD STREET NORWICH,NY 138151386	16- 6072876	501(c)(3)	20,348				RESEARCH

(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
CORNELL COOPERATIVE EXT SUFFOLK COUNTY 423 GRIFFING AVENUE SUITE 100 RIVERHEAD, NY 119013071	11- 6081424	501(c)(3)	67,332				RESEARCH
CUBRC INC4455 GENESEE STREET BUFFALO,NY 14225	22- 2505934	501(c)(3)	208,983				RESEARCH

(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 FARBER44 BINNEY STREET BOSTON,MA 021156084	04- 2263040	I 501(c)(3)	40,091				RESEARCH
DELAWARE STATE UNIVERSITY1200 N DUPONT HIGHWAY DOVER.DE 19901	51- 0305893	1 5017637	184,685				RESEARCH

(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
DICKINSON COLLEGEPO BOX 1773 CARLISE,PA 170132896	23- 1365954	501(c)(3)	37,477				RESEARCH
DRS SENSORS & TARGETING SYSTEMS INC 10600 VALLEY VIEW STREET CYPRESS, CA	27- 0203897		183,436				RESEARCH

(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 OFFICE OF RESEARCH SUPPORT 2200 WES DURHAM,NC 27705	56- 0532129	501(c)(3)	41,172				RESEARCH
DUKE UNIVERSITY MEDICAL CENTER 932 MORREENE ROAD ROOM 213 DURHAM, NC	56- 0532129	501(c)(3)	16,116				RESEARCH

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 954 GATEWOOD ROAD NE ATLANTA, GA 303294208	58- 0566256	501(c)(3)	750,526		other)		RESEARCH
ENVIRONMENTAL EDUCATION EXCHANGE738 N 5TH AVENUE SUITE 100 TUCSON.AZ 85705	86- 0682018	501(c)(3)	87,150				RESEARCH

(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
ESS GROUP INC 888 WORCESTER STREET SUITE 240 WELLESLEY, MA 02482	04- 6924295		47,806				RESEARCH
FRANKLIN & MARSHALL COLLEGEPO BOX 3003 LANCASTER,PA	23- 1352635	501(c)(3)	21,385				RESEARCH

(a) Name and address of organization	(b) EIN	section	(d) A mount of cash grant	(e) A mount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
GENE NETWORK SCIENCES (GNS)58 CHARLES STREET CAMBRIDGE, MA 02141	16- 1594168		21,024				RESEARCH
GEORGETOWN UNIVERSITY37TH AND O STREETS WASHINGTON, DC 20057	53- 0196603	501(c)(3)	15,494				RESEARCH

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non-cash	valuation	(g) Description of	grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
GEORGIA TECH RESEARCH CORP 505 TENTH STREET N W ATLANTA, GA 303320420	58- 0603146	501(c)(3)	77,358				RESEARCH
GEORGIA TECH RESEARCH CORPORATION (GTRC)505 TENTH STREET ATLANTA, GA	58- 0603146	501(c)(3)	1,782,558				RESEARCH

(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
GOOD OLD LOWER EAST SIDE169 AVENUE B NEW YORK, NY 10009	13- 2915659	501(c)(3)	70,856				RESEARCH
H LEE MOFFITT CANCER CTR & RSRCH INSTITUTE 12902 MAGNOLIA DRIVE TAMPA FL 33612	59- 2451713	501(c)(3)	24,178				RESEARCH

(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
HARVARD SCHL OF PUBLIC HEALTH 677 HUNTINGTON AVENUE LL-23 BOSTON, MA 02115	04- 2103580	501(c)(3)	229,169				RESEARCH
HEALTH RESEARCH INCRIVERVIEW CENTER 150 BROADWAY SUITE MENANDS, NY 122042719	14- 1402155	501(c)(3)	156,727				RESEARCH

(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 150 BROADWAY SUITE 560 MENANDS,NY 12204	14- 1402155	1 5011(2)(3)	68,490				RESEARCH
HEBREW HOME AT RIVERDALE5901 PALISADE AVENUE RIVERDALE, NY	20- 4352212	501(c)(3)	171,656				RESEARCH

(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
HEBREW HOME FOR THE AGED 5901 PALISADE AVENUE BRONX,NY 10471	13- 1739971	501(c)(3)	122,169				RESEARCH
HOBART AND WILLIAM SMITH COLLEGES300 PULTENEY STREET GENEVA,NY 14456	16- 0743040	501(c)(3)	36,218				RESEARCH

(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
HOFSTRA UNIVERSITY205 MEMORIAL HALL HEMPSTEAD,NY 11549	11- 1630906	501(c)(3)	10,859				RESEARCH
HONEYBEE ROBOTICS INC460 W 34TH ST 7TH FLOOR NEW YORK, NY 10001	88- 0193033		51,934				RESEARCH

(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 SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13- 1624135	501(c)(3)	1,403,867				RESEARCH
HOWARD UNIVERSITY (HU) OFFICE OF SPONSORED PROGRAMS 576 W WASHINGTON, DC	53- 0204707	501(c)(3)	804,304				RESEARCH

(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 FOUNDATIONPO BOX 282 NORTH WOODSTOCK,NH 03262	02- 0474938	501(c)(3)	102,885				RESEARCH
HYBRID SILICA TECHNOLOGIES INC 95 BROWN ROAD 1300 YORK AVENUE BOX 89 ITHACA NY 14850	20- 1870710		368,045				RESEARCH

(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 INC BOX 6401 ITHACA,NY 148516401	16- 1404347		30,000				RESEARCH
INSTITUTE FOR EDUCATIONAL LEADERSHIP4455 CONNECTICUT AVENUE NW SUITE 31 WASHINGTON, DC	52- 1198450	501(c)(3)	23,356				RESEARCH

(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 LEARNING INNOVATION3168 BRAVERTON STREET SUITE 280 EDGEWATER, MD 21037	52- 1467051	501(c)(3)	71,914				RESEARCH
INSTITUTE FOR SYSTEMS BIOLOGY 1441 N 34TH STREET SEATTLE, WA	91- 2003593	501(c)(3)	143,020				RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE NEURODEGENERATIVE 60 TEMPLE STREET SUITE 8B NEW HAVEN, CT 06511	06- 1582206	501(c)(3)	16,081			RESEARCH
INTERNATIONAL CITYCOUNTY MGT ASSOC777 N CAPITOL STREET NE SUITE 500 WASHINGTON, DC 20002	36- 2167755	501(c)(3)	17,036			RESEARCH

(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 RSRCH INSTITUTE2033 K STREET NW WASHINGTON, DC 20006	52- 1041632	501(c)(3)	10,464				RESEARCH
INTERNATIONAL RELIEF AND DEVELOPMENT1621 N KENT STREET 4TH FLOOR SUITE ARLINGTON, VA 22209	54- 1889077	501(c)(3)	7,874				RESEARCH

(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
IOWA STATE UNIVERSITY1138 PEARSON AMES,IA 500112207	42- 6004224	501(c)(3)	181,630				RESEARCH
ITHACA COLLEGE 130 ALUMNI HALL ITHACA COLLEGE ITHACA,NY 148507006	15- 0532204	501(c)(3)	9,000				RESEARCH

(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
JEWISH ASSOC FOR SERVICES FOR THE AGED132 WEST 31ST STREET 10TH FLOOR NEW YORK, NY 10001	13- 2620896	501(c)(3)	13,114				RESEARCH
JOHNS HOPKINS UNIVERSITY615 N WOLFE STREET SUITE W1100 BALTIMORE, MD 21205	52- 0595110	501(c)(3)	7,523				RESEARCH

(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)	227,331				RESEARCH
JUST ONE BREAK INC201 IU WILLETS ROAD ALBERTSON,NY 11507	13- 1850554	501(c)(3)	25,098				RESEARCH

(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	501(c)(3)	363,180				RESEARCH
KINETX INC SPACE NAVIGATION & FLIGHT DYNAMICS 21 WEST EASY ST SUITE 108 SIMI VALLEY,CA 93065	77- 0326085		10,756				RESEARCH

(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 UNIVERSITY (LU) 526 BRODHEAD AVENUE BETHLEHEM, PA 180153046	24- 0795445	501(c)(3)	98,042				RESEARCH
LIGHTWORKS LLC 1525 FLEMMING DR LONGMONT,CO 80501	20- 5476699		43,500				RESEARCH

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(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
LIQUID ROBOTICS 1329 MOFFETT PARK DRIVE SUNNYVALE, CA 94089	20- 8190286		77,890				RESEARCH
LSU HEALTH SCIENCE CENTER INSTITUTE1501 KINGS HWY ROOM 3-436 SHREVEPORT, LA 71103	72- 1418937	501(c)(3)	25,521				RESEARCH

(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 UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011181	39- 0806251	501(c)(3)	13,623				RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 50 STANFORD STREET- SUITE 1001 BOSTON, MA 02114	04- 2697983	501(c)(3)	81,619				RESEARCH

(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 RM E19-750 CAMBRIDGE, MA 021394307	04- 2103594	501(c)(3)	15,639				RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVENUE NE30-7049 CAMBRIDGE, MA 02142	04- 2103594	501(c)(3)	110,740				RESEARCH

(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		12,715				RESEARCH
MAYO CLINIC ARIZONA13400 EAST SHEA BLVD SCOTTSDALE,AZ 85259	86- 0800150	501(c)(3)	27,034				RESEARCH

(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
MCLEAN HOSPITAL CORPORATIONPEAR MAILSTOP 320 115 MILL STREET BELMONT, MA 02478	04- 2697981	501(c)(3)	25,079				RESEARCH
MCW RESEARCH FOUNDATION INC 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39- 1454191	501(c)(3)	69,475				RESEARCH

(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 COLLEGE OF GEORGIA1429 HARPER HF 1121 AUGUSTA,GA 30912	58- 1418202	1 501(6)(3)	44,549				RESEARCH
MEDICAL COLLEGE OF WISCONSIN 9200 WEST WISCONSIN AVENUE MILWAUKEE, WI	39- 0806261	I 501(c)(3)	108,273				RESEARCH

(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 CAROLINA 326 CALHOUN STREET SUITE 308 CHARLESTON, SC 29401	57- 6000722	STATE OF SC	19,060				RESEARCH
MEMORIAL SLOAN KETTERING1275 YORK AVENUE NEW YORK, NY 10021	13- 1924236	501(c)(3)	4,033,735				RESEARCH

(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
METADATA MANAGEMENT ASSOCIATESPO BOX 282 JACKSONVILLE,NY 14854	26- 1422818		131,271				RESEARCH
MIAMI UNIVERSITY 102 ROUDEBUSH HALL OXFORD, OH 450563653	31- 6402089	501(c)(3)	66,796				RESEARCH

(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 STATE UNIVERSITY CONTRACT GRANT ADMINISTRATION 301 E LANSING, MI 488241046	38- 6005984	501(c)(3)	263,965				RESEARCH
MINEX ENGINEERING CORP1000 APOLLO COURT UNIT G ANTIOCH CA 94509	68- 0205164		96,240				RESEARCH

(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 UNIVERSITY OFFICE OF RESEARCH SPONSORED PROG MONTCLAIR, NJ 07043	22- 2912682	501(c)(3)	94,168				RESEARCH
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK, NY	13- 6171197	501(c)(3)	505,991				RESEARCH

(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,	(g) Description of non-cash	(h) Purpose of grant or assistance
5					`appraisal, other)	assistance	
MOVIMIENTO PARA EL ALCANCE DE VIDA INDEPENDIENTEPO BOX 25277 SAN JUAN, PR 009285277	66- 0446732	501(c)(3)	16,301				RESEARCH
NARROWS INSTITUTE FOR BIOMEDICAL800 POLY PLACE MAINE CODE 151 BROOKLYN,NY 11209	11- 3059470	501(c)(3)	14,736				RESEARCH

(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
NTL AGN FOR FINITE ELEMENT METHODS AND STD1829 DICKERSON BLVD SUITE 102 MONROE, NC 28110	99- 9999999	FOREIGN	7,853				RESEARCH
NATIONAL CENTER FOR GENOME RESOURCES2935 RODEO PARK DRIVE EAST SANTE FE, NM	85- 0418280	501(c)(3)	93,389				RESEARCH

(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
NATIONAL INSTITUTE OF STANDARDS AND TECH325 BROADWAY BOULDER,CO 80305	99- 9999999		186,216				RESEARCH
NATIONAL RADIO ASTRONOMY OBSERVATORY520 EDGEMONT ROAD CHARLOTTESVILLE, VA 229032475	11- 1630900	1 501(6)(3)	48,307				RESEARCH

(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 MEXICO BUSINESS LEADERSHIP NETWORKPO BOX 90803 ALBUQUERQUE,NM 87199	41- 2055631	501(c)(3)	16,250				RESEARCH
NEW MEXICO STATE UNIVERSITYPO BOX 30001 MSC 3AFR LAS CRUCES, NM 880038001	85- 6000401	501(c)(3)	5,990				RESEARCH

(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	289,220				RESEARCH
NEW YORK RESTORATION PROJECT254 W 31ST ST 10TH FLOOR NEW YORK, NY 10001	13- 3959056	501(c)(3)	41,206				RESEARCH

(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 UNIVERSITY665 BROADWAY SUITE 801 NEW YORK, NY 100122331	13- 5562308	501(c)(3)	19,958				RESEARCH
NORTH AMERICAN ASSN FOR ENVR EDUCATION2000 P ST NW SUITE 540 WASHINGTON, DC	23- 7158061	501(c)(3)	811,029				RESEARCH

(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
NC AGRICULTURAL & TECH STATE UNIVERSITY1601 EAST MARKET STREET GREENSBORO,NC 27411	56- 6000007	501(c)(3)	28,235				RESEARCH
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DRIVE SUITE 240 CAMPU RALEIGH, NC	56- 6000756	STATE OF NC	314,345				RESEARCH

(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	71,092				RESEARCH
NORTH DAKOTA STATE UNIVERSITYDEPT 4000 PO BOX 6050 FARGO,ND 581056050	45- 6002439	1 501(6)(3)	41,578				RESEARCH

(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 SHORE UNIVERSITY HOSP 350 COMMUNITY DRIVE MANHASSET NEW YORK, NY 11030	11- 1562701	501(c)(3)	32,586				RESEARCH
NORTH WESTERN UNIVERSITY2205 TECH DRIVE HOGAN 2-100 EVANSTON,IL 602083500	36- 2167817	501(c)(3)	170,700				RESEARCH

(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
NORTHEAST ORGANIC FARMING ASSOCIATION OF NY249 HIGHLAND AVE ROCHESTER, NY 14620	03- 0259137	501(c)(3)	47,126				RESEARCH
NORTHEASTERN UNIVERSITY (NU) 360 HUNTINGTON AVENUE 960 RENAISSAN BOSTON, MA 021155000	04- 1679980	501(c)(3)	50,971				RESEARCH

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(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)	868,302				RESEARCH
OCHSNER CLINIC FOUNDATION1514 JEFFERSON HIGHWAY 2ND FL RESEA NEW ORLEANS, LA	72- 0502505	501(c)(3)	22,472				RESEARCH

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)	assistance	
OFS LABORATORIES LLC19 SCHOOLHOUSE ROAD SOMERSET, NJ 08873	16- 1745377		63,068				RESEARCH
OHIO STATE UNIVERSITY650 ACKERMAN ROAD ROOM344 COLUMBUS,OH 43202	31- 6025986	STATE OF OH	78,805				RESEARCH

(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 HEALTH & SCIENCE UNIVERSITY3181 W SAM JACKSON PARK ROAD MAIL C PORTLAND, OR 972393098	93- 1176109	501(c)(3)	15,161				RESEARCH
OREGON STATE UNIVERSITYPO BOX 1086 CORVALIS,OR	93- 1070707	501(c)(3)	221,113				RESEARCH

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(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
ORGANIC GROWERS (OGRISN)1124 COUNTRY RD 38 BRAINBRIDGE, NY 13733	45- 4134508	501(c)(3)	17,738				RESEARCH
PACE UNIVERSITY ONE PACE PLAZA NEW YORK, NY 10038	13- 5562314	501(c)(3)	76,221				RESEARCH

(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 INSTITUTION1259 TRUMANSBURG ROAD ITHACA,NY 14850	15- 0554849	501(c)(3)	30,645		othery		RESEARCH
PARKINSONS & MOVEMENT DISORDER 9940 TALBERT AVENUE SUITE 204 FOUNTAIN VALLEY, CA 92708	33- 0865885	501(c)(3)	32,379				RESEARCH

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)	assistance	
PARKINSONS INSTITUTE675 ALMANOR AVENUE SUNNYVALE, CA 94085	94- 3061594	501(c)(3)	29,264				RESEARCH
PARSONS THE NEW SCHOOL FOR DESIGN80 FIFTH AVE 4TH FLOOR NEW YORK, NY	13- 3297179	501(c)(3)	18,064				RESEARCH

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(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
PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE MC H138 HERSHEY,PA 17033	24- 6000376	STATE OF PA	155,354				RESEARCH
PENNSYLVANIA STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PK,PA	24- 6000376	STATE OF PA	41,955				RESEARCH

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STATE UNIVERSITY (PSU)OFFICE OF SPONSORED PROGRAMS 110 TE UNIVERSITY PARK, PA 168027000	24- 6000376	STATE OF PA	1,137,513		other)		RESEARCH
PHILMONT BEAUTIFICATION INC113 MAIN STREET PO BOX 1072 PHILMONT, NY	20- 5877789	501(c)(3)	5,829				RESEARCH

(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 UNI6 METROTECH CENTER BROOKLYN,NY 11201	11- 1630820	501(c)(3)	17,892				RESEARCH
POMONA COLLEGE 150 EAST EIGHTH STREET CLAREMONT, CA 91711	95- 1664112	501(c)(3)	28,789				RESEARCH

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(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)	13,289				RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE (PFHC)OFFICE FOR SPONSORED RESEARCH 1350 CAMBRIDGE, MA 02138	04- 2103580	501(c)(3)	933,561				RESEARCH

(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
PRIMET PRECISION MATERIALS INC 950 DANBY ROAD SUITE 204 ITHACA,NY 14850	72- 1543183		6,556				RESEARCH
PRINCETON UNIVERSITY4 NEW SOUTH BLDG PRINCETON,NJ 08544	21- 0634501	501(c)(3)	209,433				RESEARCH

(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	valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
PURDUE UNIVERSITY615 W STATE STREET SPS AGAD WEST LAFAYETTE, IN 479072108	35- 6002041	501(c)(3)	185,061				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA 2150 SHATTUCK AVE SUITE 313 BERKELEY, CA	94- 6002123	I 501(c)(3)	638,324				RESEARCH

(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 CALIFORNIABOX 951406 LOS ANGELES, CA 900951406	95- 6006143	501(c)(3)	6,112				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA OFFICE OF CONTRACT GRANT ADMINIST LA JOLLA, CA 920930934	95- 2872494	501(c)(3)	186,573				RESEARCH

(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 CALIFORNIAOFFICE OF RESEARCH ADMINISTRATION 5 IRVINE, CA 926977600	95- 2226406	501(c)(3)	158,779				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIAROOM 3227 CHEADLE HALL SANTA BARBARA, CA 931062050	95- 6006145	501(c)(3)	1,208,735				RESEARCH

(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 UNI OF CALIFORNIA- DAVISOFFICE OF RESEARCH 1850 RESEARCH PA DAVIS,CA 95618	94- 6036494	501(c)(3)	353,628				RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN WOLVERINE TOWER ROOM 1056 ANN ARBOR, MI 481091274	38- 6006309	501(c)(3)	1,969,702				RESEARCH

(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	501(c)(3)	394,675				RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485	41- 6007513	501(c)(3)	843,212				RESEARCH

(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
RENSSELAER POLYTECHNIC INSTITUTE110 8TH STREET WEST HALL TROY,NY 12180	14- 1340095	501(c)(3)	488,420				RESEARCH
RESEARCH FOUNDATION FOR MENTAL150 BROADWAY SUITE301 MENANDS,NY 12204	14- 1410842	501(c)(3)	752,510				RESEARCH

(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 MENTAL HYGIENE INC140 OLD ORANGEBURG ROAD BLDG 35 ORANGEBURG,NY 10962	14- 1410842	501(c)(3)	133,192				RESEARCH
RESEARCH FOUNDATION OF CUNY230 WEST 41ST STREET 7TH FL NEW YORK, NY 10036	13- 1988190	501(c)(3)	1,178,834				RESEARCH

(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
RSRCH FNDTN OF THE CITY UNIVERSITY OF NY 230 WEST 41ST STREET NEW YORK, NY 10036	13- 1988190	501(c)(3)	23,250				RESEARCH
RSRCH FNDTN OF THE CITY UNIVERSITY OF NY 230 WEST 41ST STREET NEW YORK, NY 10036	13- 1988190	501(c)(3)	44,487				RESEARCH

(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
RSRCH FNDTN OF THE STATE UNIVERSITY OF NY PO BOX 6000 BINGHAMTON, NY 139026000	14- 1368361	501(c)(3)	196,872				RESEARCH
RSRCH FNDTN OF THE STATE UNIVERSITY OF NY 402 CROFTS HALL BUFFALO,NY 142607016	14- 1368361	501(c)(3)	289,437				RESEARCH

(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
RSRCH FNDTN OF THE STATE UNIVERSITY OF NY 312 AVENUE 1400 WASHINGTON ALBANY, NY 12222	14- 1368361	501(c)(3)	173,867				RESEARCH
RSRCH FNDTN OF THE STATE UNIVERSITY OF NY OFFICE OF SPONSORED PROGRAMS STONY BROOK,NY 117943362	14- 1368361	501(c)(3)	15,000				RESEARCH

(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
RSRCH FNDTN OF THE STATE UNIVERSITY OF NY PO BOX 9 ALBANY,NY 122010009	14- 1368361	501(c)(3)	89,278				RESEARCH
RESOURCES FOR INDEPENDENT LIVING INC351 HIGH STREET SUITE 103 BURLINGTON, NJ 08016	22- 3314082	501(c)(3)	13,924				RESEARCH

(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
RHO FEDERAL SYSTEM DIVISION INC6330 QUADRANGLE DRIVE SUITE 500 CHAPEL HILL, NC 27517	56- 1927659		8,859				RESEARCH
ROCHESTER INSTITUTE OF TECHNOLOGY141 LOMB BUILDING ROCHESTER, NY 146235608	16- 0743140	501(c)(3)	58,249				RESEARCH

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKEFELLER UNIVERSITY1230 YORK AVENUE NEW YORK, NY 100216399	13- 1624158	501(c)(3)	548,458		other)		RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 707 S WOOD STREET 0 ANNEX CHICAGO,IL 60612	36- 2174823	501(c)(3)	68,146				RESEARCH

(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 CENTER 1725 WEST HARRISON SUITE 755 CHICAGO,IL 60612	36- 2174823	501(c)(3)	103,858				RESEARCH
RUTGERS UNIVERSITY STATE UNIVERSITY OF NJ ADMINISTRATION SERVICES BLDG III 3 NEW BRUNSWICK, NJ 08901	22- 6001086	501(c)(3)	113,596				RESEARCH

(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 UNIVERSITY1101 CAMDEN AVE SALISBURY,MD 21801	52- 6002033	1 501(6)(3)	9,645				RESEARCH
SATHGURU INC 7982 HONEYGO BLVD 79 BALTIMORE, MD 21286	80- 0664005		173,211				RESEARCH

(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
SCHWABE NORTH AMERICA INC825 CHALLENGER DRIVE GREEN BAY, WI 54311	87- 0388645		89,240				RESEARCH
SCIENCE APPLICATIONS INTERNATIONAL CORP1710 SAIC DRIVE M/S T2-4-5 MCLEAN, VA 22102	95- 3630868		135,805				RESEARCH

(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 MUSEUM (SDM)601 FIRST ST ITHACA,NY 14850	22- 2470652	501(c)(3)	114,667				RESEARCH
SCIRE-SOUTHERN CALIFORNIA INSTITUTE5901 E SEVENTH STREET LONG BEACH,CA 908225201	33- 0331855	501(c)(3)	285,919				RESEARCH

(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	33- 0435954	1 501(6)(3)	439,894				RESEARCH
SETI INSTITUTE 189 BERNARDO A MOUNTAIN VIEW, CA 940432172	94- 2951356	1 501(6)(3)	106,057				RESEARCH

(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
SMITH COLLEGE OFFICE OF BUDGET AND GRANTS COLLEGE NORTH HAMPTON, MA 01063	04- 1843040	501(c)(3)	11,881				RESEARCH
SOCIETY FOR HUMAN RESOURCE MANAGEMENT1800 DUKE STREET ALEXANDRIA,VA 223143499	34- 0948453	501(c)(3)	31,800				RESEARCH

(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 UNIVERSITY ADMIN 133 BOX 2201 BROOKINGS, SD 57007	46- 6100364	501(c)(3)	46,502				RESEARCH
SPACE SCIENCE INSTITUTE4750 WALNUT STREET SUITE 205 BOULDER,CO 80301	84- 1215290	501(c)(3)	12,258				RESEARCH

(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
STANFORD UNIVERSITY BECKMAN CENTER ROOM B062 STANFORD, CA 943055301	94- 1156365	501(c)(3)	8,515				RESEARCH
SUNY DOWNSTATE MEDICAL CENTER 450 CLARKSON AVENUE BOX 1213 BROOK NEW YORK, NY 112030209	14- 1368361	STATE OF NY	11,658				RESEARCH

(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	(h) Purpose of grant
or government		ıf applicable	casii giaiit	assistance	(book, FMV,	non-cash	or assistance
					appraisal, other)	assistance	
SUNY UPSTATE MEDICAL CENTER 505 IRVING AVENUE	14- 1368361	501(c)(3)	35,003				RESEARCH
SYRACUSE, NY 13210			·				
SYRACUSE UNIVERSITY113 BOWNE HALL SYRACUSE, NY 13244	15- 0532081	501(c)(3)	589,371				RESEARCH

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMARACK DESIGN INC950 DANBY ROAD SUITE 150 ITHACA,NY 14850	20- 5582363		240,000		other)		RESEARCH
TETRAGENETICS INC 85 BOLTON ST CAMBRIDGE, MA 02140	04- 3784099		126,574				RESEARCH

(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 SCIENCE 400 HARVEY MITCHELL PKWY SO SUITE VALLEY PARK CENTER,TX 77845	74- 1238434	501(c)(3)	213,775				RESEARCH
TEXAS TECH UNIVERSITY203 HOLDEN HALL LUBBOCK,TX 794091035	75- 6002622	501(c)(3)	93,626				RESEARCH

(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 CENTER590 SOUTH AVENUE ROCHESTER, NY 14620	23- 7298613	501(c)(3)	126,050				RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIO 340 PANAMA STREET STANFORD, CA 943056025	94- 1156365	501(c)(3)	3,232,145				RESEARCH

(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 UNI OF IL1901 S FIRST STREET SUITE A CHAMPAIGN, IL 61820	37- 6000511	501(c)(3)	108,881				RESEARCH
THE CONFERENCE BOARD INC (CBI) 845 THIRD AVENUE NEW YORK, NY 100226679	13- 1624108	1 501(6)(3)	150,000				RESEARCH

(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 CT AGRICULTURAL EXPERIMENT STATION123 HUNTINGTON STREET BOX 1106 NEW HAVEN, CT 065041106	06- 6032987	501(c)(3)	43,833				RESEARCH
THE CONSERVATION FUND1655 NORTH FORT MYER DRIVE SUITE 13 ARLINGTON, VA 222093199	52- 1388917	501(c)(3)	11,319				RESEARCH

(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 CURATORS OF THE UNIVERSITY OF MISSOURI OFFICE OF SPONSORED PROGRAMS ADMINI COLUMBIA, MO 652111230	43- 6003859	501(c)(3)	301,360				RESEARCH
THE GREENHORNS FILM PROJECT 22231 MULHOLLAND HWY SUITE 209 CALABASAS, CA 91302	95- 4116679	501(c)(3)	16,497				RESEARCH

(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 GRODEN CENTER INC86 MOUNT HOPE AVENUE PROVIDENCE, RI 02906	05- 0369378	501(c)(3)	61,074				RESEARCH
THE OHIO STATE UNIVERSITY (OSU) OFFICE OF SPONSORED PROGRAMS 1960 K COLUMBUS, OH 432101063	31- 6025986	501(c)(3)	223,154				RESEARCH

(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 PLANETARY SOCIETY85 S GRAND AVE PASADENA, CA 911051602	95- 3423566	501(c)(3)	12,140				RESEARCH
THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 554552070	41- 6007513	501(c)(3)	1,256,884				RESEARCH

(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 SCRIPPS RESEARCH INSTITUTE (SRI) 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33- 0435954	501(c)(3)	68,290				RESEARCH
THE UNIVERSITY OF TEXASNORTH OFFICE BUILDING SUITE 4300 AUSTIN, TX 787137726	74- 0230239	501(c)(3)	700,844				RESEARCH

(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 RSRCH INSTITUTE PO BOX 90 1034 MINER FARM ROAD CHAZY,NY 12921	14- 1414736	1 5017633	15,000				RESEARCH
TRUMAN STATE UNIVERSITY CONTROLLERS OFFICE 105 MCCLAIN HALL KIRKSVILLE, MO 635014221	43- 6005833	1 5017637	63,037				RESEARCH

(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
TRUSTEE OF DARTMOUTH COLLEGE11 ROPE FERRY ROAD HANOVER, NH 03755	02- 0222111	501(c)(3)	36,137				RESEARCH
TRUSTEES OF INDIANA UNIVERSITY620 UNION DRIVE RM 618 INDIANAPOLIS,IN 462020516	35- 6001673	STATE OF IN	16,753				RESEARCH

(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)	154,662				RESEARCH
TUFTS UNIVERSITY GRANTS AND CONTRACTS ADMIN 136 HAR BOSTON.MA 02111	04- 2103634	1 501(6)(3)	95,098				RESEARCH

(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
TULANE UNIVERSITY HEALTH1430 TULANE AVENUE TB-51 NEW ORLEANS, LA 70112	72- 0423889	5017636	769,338				RESEARCH
TUSKEGEE UNIVERSITY OFFICE OF SPONSORED PROGRAMS CARNEG TUSKEGEE,AL 36088	63- 0288878	1 501(6)(3)	11,902				RESEARCH

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(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
ULSTER COUNTY BOCES175 ROUTE 32 NORTH AT ULSTER BOCES NEW PALTZ, NY 12561	14- 6003939	501(c)(3)	17,500				RESEARCH
UNIIVERSITY OF LOUISVILLE220 ABRAHAM FLEXNER SUITE 606 LOUISVILLE, KY	61- 1029626	1 501(6)(3)	48,875				RESEARCH

(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 COLLEGE CARRIAGE HOUSE 202 807 UNION ST SCHENECTADY, NY 12308	14- 1338580	1 5017633	8,123				RESEARCH
UNITED SPINAL ASSOCIATION75-20 ASTORIA BLVD JACKSON HEIGHTS, NY 113701177	13- 5612621	501(c)(3)	29,804				RESEARCH

(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 ALABAMA1720 7TH AVENUE SOUTH BIRMINGHAM,AL 35233	63- 6005396	STATE OF AL	14,428				RESEARCH
UNIVERSITY OF ALASKA- ANCHORAGE OFFICE OF RESEARCH AND GRADUATE STU ANCHORAGE, AK 995084614	92- 6000147	501(c)(3)	31,185				RESEARCH

(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 ARIZONA888 N EUCLID AVENUE ROOM 510 TUCSON,AZ 85719	7 4 - 2652689	1 501/61/31	65,342				RESEARCH
UNIVERSITY OF ARKANSAS120 OZARK HALL FAYETTEVILLE, AR 72701	71- 6003252	501(c)(3)	234,018				RESEARCH

(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 CALIFORNIA DAVIS2795 SECOND STREET SUITE 400 DAVIS,CA 95618	94- 6036494	STATE OF CA	58,065				RESEARCH
UNIVERSITY OF CHICAGOUNIV RESEARCH ADMIN 6030 S ELLIS CHICAGO,IL 60637	36- 2177139	1 501(6)(3)	232,934				RESEARCH

(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 CHICAGOP O BOX 37005 CHICAGO,IL 60637	36- 2177139	501(c)(3)	18,377				RESEARCH
UNIVERSITY OF CINCINNATI MED 231 ALBERT SABIN WAY CINCINNATI, OH 45267	31- 6000989	STATE OF OH	34,673				RESEARCH

(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 COLORADO 1635 N URSULA SUITE 3400 AURORA, CO 80045	74- 2161737	501(c)(3)	87,325				RESEARCH
UNIVERSITY OF COLORADO (UCB) 572 UCB BOULDER,CO 803090574	84- 6000555	501(c)(3)	1,025,367				RESEARCH

(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 CONNECTICUT (UCONN)438 WHITNEY RD EXT UNIT 1133 STORRS,CT 062691133	06- 0772160	501(c)(3)	36,045				RESEARCH
UNIVERSITY OF DELAWARE210 HULLIHEN HALL NEWARK, DE 197161551	51- 6000297	1 5017637	48,807				RESEARCH

(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 FLORIDADIVISION OF SPONSORED RESEARCH 219 GAINESVILLE, FL 32611	59- 6002052	501(c)(3)	726,937				RESEARCH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59- 6002052	501(c)(3)	20,901				RESEARCH

(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 FNDTN INC617 BOYD GRADUATE STUDIES RESEARCH ATHENS, GA 306025016	58- 1353149	1 501(6)(3)	125,563				RESEARCH
UNIVERSITY OF HAWAII2530 DOLE STREET SAKAMAKI D200 HONOLULU,HI 96822	99- 6000354	501(c)(3)	43,475				RESEARCH

(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 HOUSTON316 E CULLEN BUILDING HOUSTON,TX 772042015	17- 4600139	501(c)(3)	5,790				RESEARCH
UNIVERSITY OF ILLINOIS1737 WEST PLK STREET RESEARCH310 AD CHICAGO,IL 606127727	37- 6000511	501(c)(3)	54,548				RESEARCH

(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 IOWA2 GILMORE HALL DIVISION OF SPONSORE IOWA CITY, IA 52242	42- 6004813	STATE OF IA	8,747				RESEARCH
UNIVERSITY OF IOWA HOSPITALS AND CLINICS200 HAWKINS DRIVE IOWA CITY, IA	42- 6004813	STATE OF IA	15,550				RESEARCH

(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 KANSAS2385 IRVING HILL ROAD YOUNGBERG HAL LAWRENCE, KS 660457563	48- 0680177	501(c)(3)	164,294				RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTERMSN 1039 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48- 1108830	501(c)(3)	14,303				RESEARCH

(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	1 501(6)(3)	121,092				RESEARCH
UNIVERSITY OF MAINE SYSTEM ACTING THROUGH THE UNIV5717 CORBETT HALL ORONO, ME 044695717	01- 6000769	1 501(6)(3)	159,995				RESEARCH

(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 MARYLAND3112 LEE BUILDING COLLEGE PARK, MD 207425141	52- 6002033	STATE OF MD	369,240				RESEARCH
UNIVERSITY OF MARYLAND515 WEST LOMBARD STREET BALTIMORE, MD 21201	52- 6002033	STATE OF MD	16,658				RESEARCH

(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 EASTERN SHORE11868 ACADEMIC OVAL PRINCESS ANNE, MD 21853	08- 2611302	501(c)(3)	43,552				RESEARCH
UNIVERSITY OF MASSACHUSETTS RESEARCH ADMINISTRATION BUILDING 70 AMHERST, MA 010039242	04- 3167352	501(c)(3)	171,145				RESEARCH

(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 & DENTISTRY OF NJ 185 SOUTH ORANGE AVE MSB ROOM B-62 NEWARK SWICK, NJ 071011709	22- 1775306	STATE OF NJ	549,953				RESEARCH
UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ 65 BERGEN STREET NEWARK, NJ 07101	22- 1775306	STATE OF NJ	46,529				RESEARCH

(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 MIAMI1501 NORTHWEST 9 AVENUE2ND FLOOR MIAMI,FL 33136	59- 0624458	501(c)(3)	84,953				RESEARCH
UNIVERSITY OF MICHIGAN2570 MSRBII1150 W MED CENTER DR ANN ARBOR, MI 481090674	38- 6006309	STATE OF MI	413,456				RESEARCH

(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 MINNESOTA 505 ESSEX ST SE 305 DIEHL HALL MINNEAPOLIS, MN 55455	41- 6007513	STATE OF MN	23,468				RESEARCH
UNIVERSITY OF NEBRASKA 312 N 14TH STREET PO BOX 880430 LINCOLN, NE 685880430	47- 0049123	1 501(c)(3)	7,689				RESEARCH

(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 NEW HAMPSHIRE 111 SERVICE BLDG 51 COLLEGE RD 2ND DURHAM,NH 03824	02- 6000937	501(c)(3)	59,987				RESEARCH
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE SUITE 2200 CB 13 CHAPEL HILL, NC 275991350	56- 6001393	501(c)(3)	20,102				RESEARCH

(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 GREENSBORO POB 26170 SUITE 1601 ROOM 1713 MHRA GREENSBOTO,NC 274026170	56- 1611588	1 5011(2)(3)	12,320				RESEARCH
UNIVERSITY OF PENNSYLVANIA P221 FRANKLIN BLDG 3451 WALNUT STRE PHILADELPHIA, PA 191046205	23- 1352685	501(c)(3)	729,199				RESEARCH

(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 RHODE ISLAND70 LOWER COLLEGE RD KINGSTON, RI 02881	22- 3011455	1 501(6)(3)	88,878				RESEARCH
UNIVERSITY OF ROCHESTER515 HYLAN BLDG RC BOX 270140 ROCHESTER, NY	16- 0743209	1 501(c)(3)	613,931				RESEARCH

(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 ROCHESTERPO BOX 270037 ROCHESTER, NY 14627	16- 0743209	501(c)(3)	251,699				RESEARCH
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA,FL 33620	59- 0879015	501(c)(3)	37,490				RESEARCH

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA837 W DOWNEY WAY STO 330 LOS ANGELES, CA 900891147	95- 1642394	501(c)(3)	102,722		other)		RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIAFILE NO 52095 LOS ANGELES, CA	95- 1642394	501(c)(3)	757,566				RESEARCH

(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 TENNESSEE1534 WHITE AVENUE KNOXVILLE,TN 379964506	62- 6001636	501(c)(3)	221,775				RESEARCH
UNIVERSITY OF TENNESSEE910 MADISON SUITE 823 MEMPHIS,TN 38163	62- 6001636	501(c)(3)	37,011				RESEARCH

(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 AT AUSTIN 24 GUADALAUPE PO BOX 7398 GUADALAUPE,TX 787130739	74- 6000203	STATE OF TX	372,343				RESEARCH
UNIVERSITY OF TEXAS- SAN ANTONIOONE UTSA CIR UC 2 00 10 SAN ANTONIO,TX 78249	74- 6000203	STATE OF TX	28,440				RESEARCH

(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
UNI OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS,TX 753909041	75- 6002868	501(c)(3)	78,784				RESEARCH
UNIVERSITY OF UTAH1471 E FEDERAL WAY SALT LAKE CITY, UT 84112	87- 6000525	501(c)(3)	36,339				RESEARCH

(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 UTAH201 S PRESIDENTS CIRCLE ROOM 408 SALTLAKECITY, UT 84112	87- 6000525	501(c)(3)	283,213				RESEARCH
UNIVERSITY OF VERMONT340 WATERMAN BLDG BURLINGTON, VT 05405	03- 0179440	501(c)(3)	50,991				RESEARCH

(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 VERMONT221 WATERMAN BUILDING BURLINGTON, VT 05405	03- 0179440	STATE OF VT	33,352				RESEARCH
UNIVERSITY OF VIRGINIAPO BOX 400195 CHARLOTTESVILLE,VA 229044195	54- 6001796	501(c)(3)	94,633				RESEARCH

(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 WASHINGTON4333 BROOKLYN AVE NE SEATTLE, WA 981959472	91- 6001537	501(c)(3)	845,772				RESEARCH
UNIVERSITY OF WASHINGTON7425 FORSYTH AVENUE ST LOUIS, MO 63105	43- 0653611	501(c)(3)	57,951				RESEARCH

(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 WISCONSIN (UOWMAD) RESEARCH SPONSORED PROGRAMS 21 NO MADISON, WI 53715	39- 6028867	501(c)(3)	275,926				RESEARCH
UNIVERSTIY OF MIAMI4600 RICKENBACKER CAUSEWAY MIAMI, FL	59- 0624458	501(c)(3)	36,519				RESEARCH

(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
URBAN INSTITUTE 2100 M STREET NW WASHINGTSON, DC 20037	52- 0880375	1 501(6)(3)	106,500				RESEARCH
US BUSINESS LEADERSHIP NETWORK1501 M ST NW 7TH FLOOR WASHINGTON, DC 20005	26- 0482057	1 501(6)(3)	255,944				RESEARCH

(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 DEPARTMENT OF THE INTERIOR US GEOLOGICAL SURVEY6505 NORTHEAST 65TH STREET SEATTLE, WA 98115	14- 0001849	US DEPT OF INTR					RESEARCH
US GEOLOGICAL SURVEY US DEPT OF THE INTERIOR GEOLOGICAL SURVEY 2255 NORTH GEMINI FLAGSTAFF, AZ 86001	53- 0196958	US DEPT OF INTR					RESEARCH

(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
USDA-ARS1815 N UNIVERSITY ST PEORIA,IL 61604	72- 0564834	: - :					RESEARCH
USDA-ARS5601 SUNNYSIDE AVENUE BLDG 3 ROOM BELTSVILLE,MD 207055110	72- 0564834						RESEARCH

(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
USDA-ARS600 EAST MERMAID LANE WYNDMOOR,PA 190380598	72- 0564834						RESEARCH
USDA-ARS950 COLLEGE STATION ROAD ATHENS, GA 30604	72- 0564834	US DEPT OF AGRI					RESEARCH

(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
USDA-ARS NATURAL RESOURCES RESEARCH CENTER 2 FORT COLLINS, CO 805268119	72- 0564834		24,481				RESEARCH
VANDERBILT UNIVERSITY110 21ST AVENUE SOUTH SUITE937 STAT NASHVILLE,TN 372357749	62- 0476822	I 501(c)(3)	179,225				RESEARCH

(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
VANDERBILT UNIVERSITYDEPT AT 40379 ATLANTA,GA 31192	62- 0476822	501(c)(3)	14,488				RESEARCH
VANDERBILT UNIVERSITY MEDICALDEPT AT 40379 ATLANTA,GA 31192	62- 0476822	501(c)(3)	281,216				RESEARCH

(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,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		паррпсавіе		assistance	appraisal, other)	assistance	oi assistance
VERMONT CENTER FOR ECOSTUDIES VCEPO BOX 420 NORWICH,VT 05055	51- 0639429	501(c)(3)	25,937				RESEARCH
VETERINARY MEDICAL SPECIALISTS907 DELL AVENUE CAMPBELL, CA 95008	42- 1551510		25,164				RESEARCH

(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
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNI1880 PRATT DRIVE SUITE 2006 BLACKSBURG, VA 24060	54- 6001805	501(c)(3)	75,347				RESEARCH
WALDRON EDUCATIONAL CONSULTING8201 E SCHOOLER RD CENTRALIA, MO 652403774			24,929				RESEARCH

(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	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY OFFICE OF GRANT RESEARCH DEVELOPM PULLMAN, WA 991643140	91- 6001108	501(c)(3)	142,074		other)		RESEARCH
WASHINGTON UNIVERSITY CAMPUS BOX 1034 700 ROSEDALE ST LOUIS, MO	43- 0653611	501(c)(3)	786,392				RESEARCH

(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 UNIVERSITY7425 FORSYTH AVENUE ST LOUIS, MO 63105	43- 0653611	501(c)(3)	27,513				RESEARCH
WELLESLEY COLLEGE106 CENTRAL STREET GRH139 WELLESLEY, MA 02481	04- 2103637	501(c)(3)	41,179				RESEARCH

(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 UNI RESEARCH CORP (WVURC)886 CHESTNUT RIDGE ROAD PO BOX 6845 MORGANTOWN, WV 265066845	55- 0665758	1 5017633	96,726				RESEARCH
WOODS HOLE OCEANOGRAPHIC INSTGRANT CONTRACT SERVICES BELL HOUS WOODS HOLE, MA	04- 2105850	501(6)(3)	247,251				RESEARCH

(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 UNIVERSITY 214 WHITNEY AVENUE ROOM 230 NEW HAVEN, CT 065208337	06- 0646973	501(c)(3)	93,873				RESEARCH
YALE UNIVERSITY PO BOX 2503A NEW HAVEN, CT 06520	06- 0646973	501(c)(3)	18,746				RESEARCH

(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
BETTER HOUSING FOR TOMKINS COUNTY INC950 DANBY RD ITHACA,NY 14850	22- 2378089	I 501(c)(3)	10,000				PUBLIC SUPPORT
CAYUGA LAKE WATERSHED NETWORK170 MAIN ST ITHACA.NY 14850	16- 1556541	501(c)(3)	7,500				PUBLIC 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 ARTS PARTNERSHIP171 E STATE STREET ITHACA,NY 14850	16- 1384455	501(c)(3)	7,000				PUBLIC SUPPORT
DAY CARE AND CHILD DEVLEOPMENT COUNCIL609 W CLINTON ST ITHACA,NY 14850	16- 0918618	501(c)(3)	43,000				PUBLIC 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
DOWNTOWN ITHACA ALLIANCE 312 EAST SENECA ST ITAHCA NY 14850 ITHACA,NY 14850	16- 1521626	501(c)(3)	6,300				PUBLIC SUPPORT
FAMILY AND CHILDRENS SERVICE OF ITHACA127 W STATE ST ITHACA,NY 14850	15- 0589039	501(c)(3)	20,000				PUBLIC 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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANZISKA RACKER CENTERS INC3226 WILKENS RD ITHACA,NY 14850	15- 0581887	501(c)(3)	10,000		other)		PUBLIC SUPPORT
HANGAR THEATRE PARTNERS IN EDUCATION171 E STATE ST ITHACA,NY 14850	16- 0902355	501(c)(3)	15,000				PUBLIC 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
ITHACA NEIGHBORHOOD HOUSING SERVICES 115 WEST CLINTON ST ITAHCA,NY 14850	22- 2141948	501(c)(3)	14,000				PUBLIC SUPPORT
ITHACA PUBLIC EDUCATION INITIATIVE INCPO BOX 4268 ITHACA,NY 14852	16- 1506703	501(c)(3)	10,000				PUBLIC 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)	31,250				PUBLIC SUPPORT
TOMPKINS COUNTY CHAMBER OF COMMERCE904 E SHORE RD ITHACA NY 14850	15- 0348795	501(c)(3)	11,255				PUBLIC 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 PUBLIC LIBRARY101 E GREEN ST ITHACA,NY 14850	16- 1098211	501(c)(3)	10,000		33.161)		PUBLIC SUPPORT
UNITED WAY OF TOMKINS COUNTY313 N AURORA ST ITHACA ITHACA,NY	15- 0572883	501(c)(3)	8 ,5 0 0				PUBLIC 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 VARIOUS VARIOUS, NY 99999	99- 9999999	501(c)(3)	21,480				PUBLIC SUPPORT
LOCAL (ITHACA) GOVERNMENT AGENCIESVARIOUS VARIOUS,NY 9999	99- 9999999	N/A	614,666				PUBLIC 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
MEDICAL UNIVERSITY OF OHIO3000 ARLINGTON AVENUE TOLEDO,OH 43614	99- 9999999						RESEARCH
MILTON S HERSHEY MEDICAL CENTER500 UNIVERSITY DRIVE H109 HERSHEY,PA 17033	24- 6000376	STATE OF PA	60,131				RESEARCH

(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
PARTNERS HEALTHCARE SYSTEMPO BOX 3715 BOSTON, MA 02241	90- 0656139	501(C)(3)	43,474				RESEARCH
PENN CARE AT HOME150 MONUMENT ROAD BALA CYNWYD, PA 19004	23- 2810852	501(C)(3)	51,162				RESEARCH

(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)		(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CALIFORNIA IRVINE111 ACADEMY WAY IRVINE,CA 92697	95- 2226406	STATE OF CA	8,688				RESEARCH
REGENTS OF THE UNIV OF CALIFORNIA DAVISONE SHIELDS AVE DAVIS.CA 95616	94- 6036494	STATE OF CA	50,000				RESEARCH

(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 CALIFORNIACITY OF OAKLAND,CA 94720	94- 3067788	STATE OF CA	37,442				RESEARCH
UNIVERSITY OF MASSACHUSETTS CITY OF BOSTON, MA 02215	04- 3167352	STATE OF MA	190,322				RESEARCH

DLN: 93493133031933

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

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

Open to Public

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	, •						
Name of the organization CORNELL UNIVERSITY		Employer identif	fication number					

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, Jine 1a Complete Part III to provide any relevant information regarding these items F First-class or charter travel F Travel for companions P ayments for business use of personal residence T tax idemnification and gross-up payments P Health or social club dues or initiation fees Discretionary spending account P ersonal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement organization follow a written policy regarding payment or reimbursement organization follow a written policy regarding payment or reimbursement organization follow a written policy regarding payment or reimbursement organization follow a written policy regarding payment or reimbursement organization follow a written policy regarding payment or reimbursement organization follow a written policy regarding payment or reimbursement organization follows a written policy regarding payment or reimbursement organization follows a written policy regarding payment or regarding payment or regarding payment or reimbursement organization follows a written writt	Pa	rt I Questions Regarding Compensation			
999, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel				Yes	No
F Travel for companions F Tax Idemnification and gross-up payments F Health or social club dues or initiation fees Discretionary spending account F Health or social club dues or initiation fees P Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply F Compensation committee Written employment contract I Independent compensation consultant F Compensation survey or study F Form 990 of other organizations F 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 F Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Defence a severance payment or change-of-control payment? 4 Defence a severance payment or change-of-control payment? 4 Defence a severance payment from, an equity-based compensation arrangement? 4 The Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 5 For persons listed in from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 1 F 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 pay or accrue any compensation contingent on the net earnings of a T	1a				
F Tax idemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 or a related organization B Participate in, or receive payment from, an supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? Only SOI(c)(3) and SOI(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 a The organization? 5 Any related organization? 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 a The organization? 1 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 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		▼ Travel for companions			
b 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 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract		▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply 2 Compensation committee 3 Independent compensation consultant 3 Form 990 of other organizations 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 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 8 Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 For persons listed or 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? 5 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? 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? 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide		Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply 2 Compensation committee 3 Independent compensation consultant 3 Form 990 of other organizations 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 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 8 Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 For persons listed or 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? 5 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? 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? 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide					
officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2	b		1b	Yes	
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 ✓ Compensation committee ✓ Independent compensation consultant ✓ Compensation survey or study ✓ Independent compensation consultant ✓ Compensation survey or study ✓ Independent compensation consultant ✓ 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? 4 Departicipate in, or receive payment from, a supplemental nonqualified retirement plan? 4 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 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 a The organization? 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 a The organization? 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 8 Were any amounts reported in Form 990, Part VII, pact 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	2				
organization's CEO/Executive Director Check all that apply organization's CEO/Executive Director Check all that apply organization committee organization committee organization committee organization committee organization committee organization committee organization consultant organization committee organization committee organization committee organization committee organization organization committee organization committee organization organization committee organization committee organization organization committee organization organization committee organization organization organization committee organization organizat		officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
organization's CEO/Executive Director Check all that apply organization's CEO/Executive Director Check all that apply organization committee organization committee organization committee organization committee organization committee organization committee organization consultant organization committee organization committee organization committee organization committee organization organization committee organization committee organization organization committee organization committee organization organization committee organization organization committee organization organization organization committee organization organizat					
Independent compensation consultant	3				
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? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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 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? Any related organization? The organization? Any related organization? The organization? Any related organization? Any related organization? The organization? Any related organization? 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? Any related organization? 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 Propersons listed 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 Pres" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		✓ 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dc N 16 "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 a The organization? 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 a The organization? a The organization? 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 7 For persons listed 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 8 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 8 N		✓ Independent compensation consultant ✓ Compensation survey or study			
a Receive a severance payment or change-of-control payment? 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 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 a The organization? b Any related organization? 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 a The organization? b Any related organization? 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 pay or accrue any compensation contingent on the net earnings of b Any related organization? 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		Form 990 of other organizations F Approval by the board or compensation committee			
a Receive a severance payment or change-of-control payment? 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 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 a The organization? b Any related organization? 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 a The organization? b Any related organization? 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 pay or accrue any compensation contingent on the net earnings of b Any related organization? 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations					
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 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 a The organization? b Any related organization? 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 a The organization? b Any related organization? 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	4				
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 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? Any related organization? 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? Any related organization? Any related organization? Any related organization? 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	а	Receive a severance payment or change-of-control payment?	4a		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 a The organization? b Any related organization? 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 a The organization? b Any related organization? 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 8 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
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? Any related organization? 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? Any related organization? Any related organization? 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	C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
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? By Any related organization? 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? Any related organization? 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		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item 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 revenues of The organization? By Any related organization? 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? Any related organization? 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					
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? 6 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 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	_				
Any related organization? 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? Any related organization? By Any related organization? 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 accurred 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	5				
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? Any related organization? 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	а	The organization?	5a		Νo
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? Any related organization? 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	b	Any related organization?	5b		Νo
compensation contingent on the net earnings of The organization? Any related organization? 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		If "Yes," to line 5a or 5b, describe in Part III			
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 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	6	· · · · · · · · · · · · · · · · · · ·			
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	а	The organization?	6a		Νo
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	b	Any related organization?	6b		Νo
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		If "Yes," to line 6a or 6b, describe in Part III			
subject to the initial contract exception described in Regs 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	7		7	Yes	
subject to the initial contract exception described in Regs 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	8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
		ın Part III	8		Νo
	9		9		

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DAVID J SKORTON	(I) (II)	690,035 0	0 0	7,801 0	69,014 0	98,481 0	865,331 0	C
(2) W KENT FUCHS	(ı) (ıı)	495,528 0	27,265 0	21,402 0	24,500 0	16,566 0	585,261 0	(
(3) ANTONIO M GOTTO JR	(ı) (ıı)	427,622 0	0 0	4,944 0	836,311 0	64,617 0	1,333,494 0	(
(4) JAMES J MINGLE	(ı) (ıı)	401,395 0	17,058 0	28,143 0	24,500 0	17,705 0	488,801 0	(
(5) JOANNE M DESTEFANO	(I) (II)	296,674 0	11,756 0	18,000 0	35,545 0	8,734 0	370,709 0	(
(6) ALBERT J EDWARDS	(I) (II)	359,299 0	314,674 0	0 0	24,500 0	19,311 0	717,784 0	(
(7) DANIEL M KNOWLES MD	(I) (II)	739,697 0	0 0	740,114 0	36,660 0	17,062 0	1,533,533 0	(
(8) PAK H CHUNG MD	(ı) (ıı)	63,645 0	0 0	2,571,343 0	26,160 0	31,580 0	2,692,728 0	(
(9) MUKESH PRASAD MD	(I) (II)	69,215 0	0 0	2,389,806 0	20,910 0	33,092 0	2,513,023	(
(10)ZEV ROSENWAKS MD	(I) (II)	324,574 0	0	4,171,148 0	36,660 0	16,990 0	4,549,372 0	(
(11) STEVEN D SPANDORFER MD	(I) (II)	47,438 0	0	3,107,741 0	26,160 0	24,996	3,206,335 0	(
(12) PHILIP E STEIG MD	(I) (II)	386,512 0	0	2,922,269	36,660 0	25,453 0	3,370,894 0	(
(13)ROSEMARY J AVERY	(I) (II)	170,782 0	0	47,458 0	32,701 0	9,149 0	260,090 0	(
(14) NELSON G HAIRSTON JR	(I) (II)	169,264 0	0	3,000	17,565 0	11,582 0	201,411	(

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
LINES 1A AND 2		PAYMENT OR REIMBURSEMENT OF THE EXPENSES DESCRIBED IN 1A IS COVERED BY THE UNIVERSITY'S TRAVEL POLICIES OR SPECIFIC EMPLOYMENT CONTRACTS AND INCLUDES THE UNIVERSITY'S IMPLEMENTATION OF AN ACCOUNTABLE PLAN 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 PRESIDENT OF \$44,514 AND THE DEFERRAL FOR THE PROVOST AND DEAN OF THE MEDICAL COLLEGE OF \$ 799,561 UNDER IRC SECTION 457(F) OF AMOUNTS NOT SUBSTANTIALLY VESTED 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, 2012, THE FACULTY MEMBERS WERE ROSEMARY J AVERY AND NELSON G HAIRSTON, THE STUDENT REPRESENTATIVES WERE ALEXANDER W BORES AND DARRICK T N EVENSON, AND THE EMPLOYEE REPRESENTATIVE WAS BETH MCKINNEY

Schedule J (Form 990) 2011

Schedule K

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

DLN: 93493133031933

Open to Public Inspection

Name of the organization
CORNELL UNIVERSITY

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

15-0532082

P	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f)	Description	of Purpose	(g) Def	feased	Beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	DASNY (Series 1990B)	14-6000293	649905zh2	05-03-2010	55,997			d 1990 bond 9/1990)	ds		Х		X		Х
В	DASNY (Series 2004A & Series 2004B)	14-6000293	64983trf2	05-27-2004	92,100	,000 s	See Part VI				X		X		x
С	DASNY (Series 2006A)	14-6000293	64983ql98	05-11-2006	258,479	,025 S	See Part VI				Х		Х		Х
D	DASNY (Series 2008B and Series 2008C)	14-6000293	649905a97	05-03-2010	139,688	3,300 R	Refunded 2008 DASNY bonds				X		Х		Х
Pa	rt III Proceeds				•										
			-				В		С		D				
1	A mount of bonds retired					5,010,0	0,000 12,900,000				65,2	265,000	· · ·		
	A mount of bonds defeased						0		0	0			1		
3	Total proceeds of issue					55,997,	,134		92,663,883		261,8	313,216	139,688,3		
4	Gross proceeds in reserve for						0		0)		0
_5	Capitalized interest from pro						0		0				1		0
6	Proceeds in refunding escro Issuance costs from procee					55,997,154 40,805,000		178,717,543							
7	Credit enhancement from pr					0 1,482,587		3,511,634				770,300			
8	Working capital expenditure					0 0		0			0				
9	Capital expenditures from pi	·				0 0)		0		
10	Other spent proceeds	roceeds					0		50,376,296		79,	584,039	9		0
11	Other unspent proceeds						0		0			-)	8	,980,000
12	Year of substantial completi	on				1.0	- 0		0		2000	C	<u> </u>	2010	0
13	Tear or substantial completi	011			20 Yes	No		Yes	06 No	Yes	2008	No	Yes	2010	No
14	Were the bonds issued as part of a current refunding issue?				X	140		X	140	X		110	X		110
15	Were the bonds issued as part of an advance refunding issue?					X		•••	X			X			X
	Has the final allocation of pr				X	^		X	^	X		^	X		
16	·			nort the first	, x			, X		Х			<u> </u>		
17	Does the organization maint allocation of proceeds?	·	and records to Sup	oport the linal	X			Х		Х			X		
Pa	rt IIII Private Business	Use						1					Τ		
			1	A			В		С			D			

property financed by tax-exempt bonds?

financed property?

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-

No

Χ

Yes

Χ

Yes

Χ

No

Χ

No

Χ

Yes

Χ

Yes

Χ

No

Χ

Χ

Part III Private Business Use (Continued) Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business 3a Х Χ Х Χ If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Χ Χ Χ Х Are there any research agreements that may result in private business use of bond-C financed property? Χ Χ Χ Χ If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Χ Χ Χ Χ Enter the percentage of financed property used in a private business use by entities 4 other than a section 501(c)(3) organization or a state or local government 0 100 % 0 300 % 0 600 % 0 100 % Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 0 100 % 0 100 % 0 100 % 0 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 200 % 0 400 % 0 700 % 0 100 % 7 Has the organization adopted management practices and procedures to ensure the

Χ

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		x		Х		X
2	Is the bond issue a variable rate issue?		X	Х			Х		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		x		×		×
ь	Name of provider	0		0		0			
U	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
ь	Name of provider	0		0		0		0	
C	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		Х
6	Did the bond issue qualify for an exception to rebate?	X		X		X		×	

Procedures To Undertake Corrective Action

post-issuance compliance of its tax-exempt bond liabilities?

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
	SEE	SEE SCHEDULE O

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DLN: 93493133031933

Transactions with Interested Persons

(Form 990 or 990-EZ)

► 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.

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Schedule L

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

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 TV	Rusiness	Transactions	Involving	Interested	Persons
	Dasilioss	II GIISGCCIOIIS	THEFT	Tille Cole a	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

complete if the organization	m answered res on	roini 550, rait IV, iii	10 200, 200, 01 200.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction			ring of ation's ues?
	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
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Schedule L (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

(b) Polationship (c) Amount of (d) Description of transaction (e) Sharing of

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	organi	arıng of zatıon's nues?
	organization			Yes	No
SB ASHLEY MGM CO	TRUSTEE- ASHLEY	323,535	RE MGMNT FEES PAID BY UNIV		No
FIRST RESERVE VARIOUS FUNDS	TRUSTEE- FAM MBR MACAULEY	65,818	INVESTMENT FEE PAID BY UNIV		No
FIRST RESERVE VARIOUS FUNDS	TRUSTEE- FAM MBR MACAULEY	3,208,603	DISTRIBUTIONS TO UNIV		No
FIRST RESERVE VARIOUS FUNDS	TRUSTEE- FAM MBR MACAULEY	3,707,920	INVESTMENT BY UNIV		No
CHARLES RIVER VARIOUS FUNDS	TRUSTEE- ZAK	167,801	INVESTMENT BY UNIV		No
CHARLES RIVER VARIOUS FUNDS	TRUSTEE- ZAK	1,238,712	DISTRIBUTIONS TO UNIV		No
US VENTURE VARIOUS FUNDS	FORMER TRUSTEE- YOUNG	360,000	INVESTMENT BY UNIV		No
US VENTURE VARIOUS FUNDS	FORMER TRUSTEE- YOUNG	3,113,507	DISTRIBUTIONS TO UNIV		No
JP MORGAN CHASE	TRUSTEE- BRAUNSTEIN	3,566,189	BANKING FEES PAID BY UNIV		No
KIONIX INC	TRUSTEE- GALVIN	1,490,000	ROYALTIES PAID TO UNIVERSITY		No
RHEONIX INC	TRUSTEE- GALVIN	107,780	RESEARCH CONTRACT		No
ASTRAZENECA	OFFICER- GOTTO	44,752	PURCHASES BY UNIVERSITY		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
ASTRAZENECA	OFFICER- GOTTO	204,500	RESEARCH SUPPORT PAID TO UNIV		No
WATERS CORP	OFFICER- GLIMCHER	43,992	PURCHASES BY UNIVERSITY		No
PFIZER	OFFICER- GLIMCHER	692	PURCHASES BY UNIVERSITY		No
PFIZER	OFFICER- GLIMCHER	641,420	RESEARCH SUPPORT PAID TO UNIV		No
MERCK	OFFICER- GOTTO	682,097	PURCHASES BY UNIVERSITY		No
MERCK	OFFICER- GLIMCHER	40,744	RESEARCH SUPPORT PAID TO UNIV		No
BRISTOL-MYERS SQUIBB	OFFICER- GLIMCHER	315,179	RESEARCH SUPPORT PAID TO UNIV		No
KOWA COMPANY LTD	OFFICER- GOTTO	100,000	RESEARCH SUPPORT PAID TO UNIV		No
P DESTEFANO	OFFICER- SPOUSE	75,428	COMPENSATION		No
R DAVISSON	OFFICER- SPOUSE	198,800	COMPENSATION		No

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DLN: 93493133031933

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Name of the organization CORNELL UNIVERSITY

Employer identification number

15-0532082

Pa	art I Types of Property				13 0332002			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d) Method of de contribution	etermır		
1	Art—Works of art	X	50		FMV APPRAISALS			
	Art—Historical treasures		33	1,551,215	1117 /11 11/12/12/			
	Art—Fractional interests							
	Books and publications	Х		1.376.749	FMV APPRAISALS			
	Clothing and household	.,						
6	Cars and other vehicles	Х	2	28,200	FMV APPRAISALS			
7	Boats and planes	Х	2		FMV APPRAISALS			
	Intellectual property			,				
	Securities—Publicly traded .	Х	818	31,765,721	SALES PRICE			
	Securities—Closely held stock .			, ,				
	Securities—Partnership, LLC, or trust interests	Х	1	452,150	FMV APPRAISALS			
12	Securities—Miscellaneous	Х	1	100	FMV APPRAISALS			
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	LABAND OTHER Other►(SUPPLIES)	x	164	3.641.872	FMV OF USE			
	Other► (HORSES)	X	28		UNIVERSITY METH	IOD		
	COMPUTER AND OTHER			, ==				
27	Other►(<u>EQUIPMENT</u>)	Х	10	326,389	FMV OF USE			
28	MUSICAL Other►(<u>INSTRUMENTS</u>)	Х	2	34,000	FMV APPRAISALS			
29	Number of Forms 8283 received							2.0
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackn	owledgement	29	I	Yes	29 No
30a	During the year, did the organize	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
ŀ	If "Yes," describe the arrangem					- Ju		
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a	Vas	
L	If "Yes," describe in Part II					J2a	162	
33		revenuec :	n column (c) for a type of n	roperty for which column (a) is chacked			
J	describe in Part II	. revellues l	n column (c) for a type of p	roperty for willen column (a	, is checked,			

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 SECURITIES AND REAL ESTATE BROKERS TO SELL GIFTED REAL ESTATE IF, IN ANY YEAR, GIFTS OF REAL ESTATE ARE RECEIVED THE UNIVERSITY DOES NOT SEEK TO IDENTIFY THE SPECIFIC NUMBER OF DONORS FOR CONTRIBUITONS OF BOOKS AND CERTAIN OTHER GIFTS OF PROPERTY HORSES THE UNIVERSITY ESTABLISHED A STANDARD VALUATION METHODOLOGY FOR RECORDING THE VALUE OF HORSES AND OTHER LIVESTOCK IN THE GENERAL LEDGER

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493133031933

OMB No 1545-0047

ZUII Open to Public

(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 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
PARTI		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 AND COMPENSATION EXCEEDS \$10,000 OR HAS A BUSINESS RELATIONSHIP WITH THE UNIVERSITY REPORTED ON SCHEDULE L

Identifier	Return Reference	Explanation
PART III		LINE 1 THE ORGANIZATION'S MISSION IS TO PROVIDE UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS, DISCOVER, PRESERVE, AND DISSEMINATE KNOWLEDGE, PRODUCE CREATIVE WORK AND PROMOTE A CULTURE OF BROAD INQUIRY LINE 4D OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE, BUT ARE NOT LIMITED TO, THE LAND-GRANT MISSION, ACADEMIC CONFERENCES, PUBLICATIONS AND ROOM AND BOARD FOR THE STUDENT BODY

ldentifier	Return Reference	Explanation
PART VI SECTION B	Line 11b	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	LINE 12c	INFORMATION ON MONITORING CONFLICT OF INTEREST 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

ldentifier	Return Reference	Explanation
PART VI	Line 15	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 SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD THE SUBCOMMITTEE REVIEWS THE INFORMATION AND MODIFIES IT IF DEEMED APPROPRIATE THE SUBCOMMITTEE 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 APPROVAL ARE PRESENTED FOR REVIEW AND APPROVAL IN A PRIVATE SESSION OF THE EXECUTIVE COMMITTEE OF THE RECEDITIVE COMMITTEE IF THERE IS A DISCRETIONARY COMPONENT OF 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 LINE 16 PROCEDURES FOR PARTICIPATION IN JOINT VENTURES THE UNIVERSITY HAS NUMBEROUS CONTROLS IN FLACE TO BISURE THAT ANY INVESTMENT IN, CONTRIBUTION OF ASSETS TO OR PARTICIPATION IN JOINT VENTURE OR SIMILAR ARRANGEMENT WITH A TAXABLE DITTY ARE IN FULL COMPLIANCE WITH UNIVERSITY POLICIES, INCLUDING, BUT NOT LIMITED TO, THE POLICY ON

ldentifier	Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	LINE 5 OTHER CHANGES TO NET ASSETS	SUBSIDIARY NET INCOME \$ 2,384,357 FAIR MARKET VALUE ADJUSTMENTS \$ (349,724,000) INSTITUTIONAL STUDENT LOAN EXPENSE \$ 2,172,390TOTAL \$ (345,167,253) ====================================

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 PAYMENT MADE BY THE UNIVERSITY AND FUNDS DEPOSITED IN THE DEBT SERVICE FUND AT THE CUSTODIAN BANK *** PART II, COLUMN D CUSIP # 649905A97 (SERIES 2008 B AND C) , LINE 11 - INCLUDES BOND PROCEEDS RELATED TO SWAP TERMINATION PAYMENT *** PART III, LINE 3C - (COLUMNS A-D) - CUSIP #S 649905ZH2, 64983TRF2, 64983QL98, 649905A97 - CORNELL	ldentifier	Return Reference	Explanation
AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS EXTERNAL COUNSEL'S OFFICE REVIEW IS USED ON "AS NEEDED BASIS"		PART VI	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 PAYMENT MADE BY THE UNIVERSITY AND FUNDS DEPOSITED IN THE DEBT SERVICE FUND AT THE CUSTODIAN BANK *** PART II, COLUMN D CUSIP # 649905A97 (SERIES 2008 B AND C), LINE 11 - INCLUDES BOND PROCEEDS RELATED TO SWAP TERMINATION PAYMENT **** 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

Identifier Return Reference	Explanation
SCHEDULE PART VI	PART I, LINE A - TOMPKINS COUNTY INDUSTRIAL DEVELOPMENT AGENCY (TCIDA) VARIABLE RATE DEMAND CIVIC FACILITY REVENUE BONDS (CORNELLUNIVERSITY 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, COLUMN F, (5/12/2011 ISSUANCE) CUSIP #64983L- FINANCE CAPITAL CONSTRUCTION PROJECTS ON ITHACA AND WEILL MEDICAL COLLEGE CAMPUSES AND REFUND \$35 MILLION OF TAXABLE COMMERCIAL PAPER*** PART II - (COLUMNS A-C)-CUSIP #8 890099EQ3, 649905DC7, 649905R99 - ALL FIGURES ARE CUMULATIVE SINCE INCEPTION OF BONDS *** PART II, COLUMN A CUSIP # 890099EQ3 (SERIES 2008A), LINE 11- INCLUDES BOND PROCEEDS RELATED TO SWAP TERMINATION PAYMENT *** 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 - BUILDING IS STILL IN CONSTRUCTION FUNDS*** PART II, COLUMN C (2010 DASNY) CUSIP# 649905R99 - BUILDING IS STILL IN CONSTRUCTION, THEREFORE, NO PRIVATE USE IS CALCULATED *** PART III, LINE 3C - (COLUMNS A-D)- CUSIP #S 890099EQ3, 649905DC7, 649905R99, 64983L - CORNELL UNIVERSITY HAS INTERNAL COUNSEL'S OFFICE THAT IS RESPONSIBLE FOR REVIEWING MANAGEMENT CONTRACTS AND AN OFFICE OF SPONSORED PROGRAMS TO REVIEW RESEARCH AGREEMENTS EXTERNAL COUNSEL'S OFFICE REVIEW IS USED ON "AS NEEDED BASIS"

Department of the Treasury

NEW YORK, NY 10022

13-3366820

DLN: 93493133031933

OMB No 1545-0047

Open to Public

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.

pen to Public Inspection

ntemal Revenue Service					Ins	pection	
Name of the organization CORNELL UNIVERSITY				Employer id	dentification number		
CONNELL UNIVERSITY				15-05320	8 2		
Part I Identification of Disregarded Entities (C	omplete if the organizatio	n answered "Yes"	on Form 990, Part	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	(f) Direct controlling entity		
			+				
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur		f the organization	answered "Yes" o	n Form 990, P	art IV, line 34 because	1	
(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 statement (if section 501(c)		Section (13) co	ontrolle nizatior
(1) CORNELL CENTER OF NEW YORK						Yes	No
6 EAST 44th ST					CORNELL UNIV		
NEW YORK, NY 10017	SOCIAL CLUB	NY	501(C)(7)		N/A CORNELL ONIV	Yes	
16-1301416							₩
(2) MRSI MANAGEMENT INC							
575 LEXINGTON AVE	MEDICAL SERV	NY	501(C)(3)	11b(TY	PEII) CORNELL UNIV	Yes	
NEW YORK, NY 10022 13-3366821							
(3) CORNELL REAL PROPERTY SERVICES INC							
15 THORNWOOD	PROPERTY SERV	NY	501(C)(3)	11d TY	PEIII CORNELL UNIV	Yes	
ITHACA, NY 14850 16-1450535							
(4) CORNELL RESEARCH FOUNDATION INC							
CORNELL UNIV DAY HALL	HOLDS IP PROP	NY	501(C)(2)		N/A CORNELL UNIV	Yes	
ITHACA, NY 14850 16-6050703							
(5) SAMUEL CURTIS JOHNSON FOUNDATION						_	+
130 SENECA PL	SUPPORT ORG	NY	501(C)(3)	11c TY	CORNELL UNIV	Yes	
ITHACA, NY 14850	SOFF OR CITY		301(0)(3)				
22-2572815 (6) CORNELL UNIVERSITY FOUNDATION						+	+
130 SENECA PL	CLIDDODT ODC	NIV	501/07/27	110/77	CORNELL UNIV	Vac	
ITHACA, NY 14850 22-2848738	SUPPORT ORG	NY	501(C)(3)	11a(TY	rL 1)	Yes	
(7) ROBERT J MIN MD PC							
575 LEXINGTON AVE	MEDICAL SERV	NY	501(C)(3)		9 CORNELL UNIV	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) ITHACA LP 35 THORNWOOD ITHACA, NY 14850	INVESTMENTS	PW	CORNELL UNIV	RELATED	3,282,571	33,429,808		No			No	100 000 %

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)	(T) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TOWER INNOVATIVE LEARNING SOLUTIONS 950 DANBY RD ITHACA, NY 14850 16-1593492	DIST LEARNING	NY	NA	C CORP	12,602	10,698,173	100 000 %
(2) LENROC CORPORATION 15 THORNWOOD ITHACA, NY 14850 16-1450466	REAL ESTATE	NY	NA	C CORP	-1,186	0	100 000 %
(3) UNIVERSITY VETERINARY SPECIALISTS INC 800 CANAL ST STAMFORD, CT 06902 27-2461725	VET SERVICES	ст	NA	C CORP	-977,009	5,109,896	100 000 %
							_
							000) 0011

(6)

Feli	iransactions with kelated Organizations (Complete if the organization answered "Ye	s on Form 990, Par	τιν, line 34, 35, 3	5A, OF 36.)				
1	lote. Complete line 1 if any entity is listed in Parts II, III or IV				Y	es	No	
1 Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?					
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	a Y	es		
b	Gift, grant, or capital contribution to related organization(s)			1	b		No	
c (Gift, grant, or capital contribution from related organization(s)			1	c Y	es		
d I	oans or loan guarantees to or for related organization(s)			1	d		No	
e	oans or loan guarantees by related organization(s)			1	e		No	
f s	Sale of assets to related organization(s)			1	f		No	
g	ourchase of assets from related organization(s)			1	g		No	
h	Exchange of assets with related organization(s)			1	h		No	
i L	ease of facilities, equipment, or other assets to related organization(s)			1	i Y	es		
j L	ease of facilities, equipment, or other assets from related organization(s)			1	j		No	
d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Fig. 1 Sale of assets to related organization(s) Fig. 2 Sale of assets to related organization(s) Fig. 3 Exchaging of assets with related organization(s) Fig. 4 Exchaging of assets with related organization(s) Fig. 4 Exchaging of assets with related organization(s) Fig. 4 Performance of services or membership or fundraising solicitations for related organization(s) Fig. 4 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 5 Sale of assets with related organization(s) Fig. 6 Performance of services or membership or fundraising solicitations for related organization(s) Fig. 7 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 7 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 7 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 8 Salaring of paid employees with related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations or membership or fundraising solicitations or membership or fundraising solicitations by related organization(s) Fig. 9 Performance of services or membership or fundraising solicitations by related organization(s) Fig. 9 Performance or servic			No					
I P	erformance of services or membership or fundraising solicitations by related organization(s)			1	.I		No	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
n :	Sharing of paid employees with related organization(s)			1	n Y	es		
0	Reimbursement paid to related organization(s) for expenses			1	0		No	
р	Reimbursement paid by related organization(s) for expenses			1	р Ү	es		
q	Other transfer of cash or property to related organization(s)			1	q		No	
r	ther transfer of cash or property from related organization(s)			1	.r		No	
2 I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relati	onships and transact	ion thresholds				
			(c)	(d))			
	Name of other organization					amoui	π	
1) See	Additional Data Table							
2)								
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) Predominant income(related, unrelated, excluded from tax under sections 512- 514) (e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		ted, , section om 501(c)(3) r organizations? 2-		(f) Share of end-of-year assets (g) (h) Code V—Ul amount in b 20 of Schedule (Form 106)		Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No							

Schedule R (Form 990) 2011

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) 2011

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 - Ide	entification of r	terateu rax-	Exempt org	ailizations		
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
CORNELL CENTER OF NEW YORK						
	SOCIAL CLUB	NY	501(C) (7)	N/A	CORNELL UNIV	Yes
MRSI MANAGEMENT INC 575 LEXINGTON AVE NEW YORK, NY 10022 13-3366821	MEDICAL SERV	NY	501(C) (3)	11b(TYPEII)	CORNELL UNIV	Yes
CORNELL REAL PROPERTY SERVICES INC	PROPERTY SERV	NY	501(C) (3)	11d TYPEIII	CORNELL UNIV	Yes
CORNELL RESEARCH FOUNDATION INC	HOLDS IP PROP	NY	501(C) (2)	N/A	CORNELL UNIV	Yes
SAMUEL CURTIS JOHNSON FOUNDATION 130 SENECA PL ITHACA, NY 14850 22-2572815	SUPPORT ORG	NY	501(C) (3)	11c TYPEIII	CORNELL UNIV	Yes
CORNELL UNIVERSITY FOUNDATION 130 SENECA PL ITHACA, NY 14850 22-2848738	SUPPORT ORG	NY	501(C) (3)	11a(TYPE I)	CORNELL UNIV	Yes
ROBERT J MIN MD PC 575 LEXINGTON AVE NEW YORK, NY 10022 13-3366820	MEDICAL SERV	NY	501(C) (3)	9	CORNELL UNIV	Yes

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)	CORNELL REAL PROPERTY SERVICES INC	М	1,000	COST
(2)	CORNELL REAL PROPERTY SERVICES INC	Р	40,000	COST
(3)	SAMUEL CURTIS JOHNSON FOUNDATION	М	1,000	COST
(4)	SAMUEL CURTIS JOHNSON FOUNDATION	С	2,489,629	COST
(5)	CORNELL UNIVERSITY FOUNDATION	С	13,745,431	COST
(6)	CORNELL UNIVERSITY FOUNDATION	М	1,000	COST
(7)	TOWER INNOVATIVE LEARNING SOLUTIONS INC	А	984,000	COST/AGREMENT
(8)	UNIVERSITY VETERINARY SPECIALISTS INC	А	358,201	COST/AGREMENT

Software ID: Software Version:

EIN: 15-0532082

Name: CORNELL UNIVERSITY

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion that		y)			(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	
DAVID J SKORTON PRESIDENT & EX OFFICO TRUSTEE	55 0	Х		Х				697,836	0	167,495	
ELIZABETH J ALTMAN TRUSTEE	1 0	Х						0	0	0	
STEPHEN B ASHLEY TRUSTEE	1 0	Х						0	0	0	
JESSICA M BIBLIOWICZ TRUSTEE	1 0	Х						0	0	0	
SAMUEL W BODMAN III TRUSTEE	1 0	Х						0	0	0	
RICHARD L BOOTH TRUSTEE	1 0	Х						0	0	0	
ALEX W BORES TRUSTEE	15 0	Х						2,575	0	0	
DOUGLAS L BRAUNSTEIN TRUSTEE	1 0	Х						0	0	0	
RONNI S CHERNOFF TRUSTEE	1 0	Х						0	0	0	
EZRA CORNELL TRUSTEE	1 0	Х						0	0	0	
DAVID D CROLL TRUSTEE	1 0	Х						0	0	0	
ANDREW CUOMO EX-OFFICIO	1 0	Х						0	0	0	
DIANA M DANIELS VICE CHAIRMAN	1 0	Х						0	0	0	
IRA DRUKIER TRUSTEE	1 0	Х						0	0	0	
DARRICK TN EVENSEN TRUSTEE	150	Х						33,730	0	0	
DAVID R FISCHELL TRUSTEE	1 0	Х						0	0	0	
CHERYL A FRANCIS TRUSTEE	1 0	Х						0	0	0	
GREGORY J GALVIN TRUSTEE	1 0	Х						0	0	0	
RANA GLASGAL TRUSTEE	1 0	Х						0	0	0	
BLANCHE S GOLDENBERG TRUSTEE	1 0	Х						0	0	0	
KENNETH A GOLDMAN TRUSTEE	1 0	Х						0	0	0	
PAUL A GOULD TRUSTEE	1 0	Х						0	0	0	
PATRICIA E HARRIS TRUSTEE	1 0	Х						0	0	0	
ROBERT S HARRISON CHAIRMAN, EFFECTIVE JAN 1	1 0	Х						0	0	0	
DENIS M HUGHES TRUSTEE	1 0	Х						0	0	0	
	'										

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		tion that a		y)			(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	
	per week	Individual trustaa or diiector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
ROBERT J KATZ VICE CHAIRMAN	1 0	×						0	0	0	
RUBEN J KING-SHAW JR TRUSTEE	1 0	Х						0	0	0	
ROBERT S LANGER JR 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	×						59,903	0	21,435	
PETER C MEINIG CHAIRMAN THROUGH DEC 31, 2011	1 0	Х						0	0	0	
HOWARD P MILSTEIN TRUSTEE	1 0	×						0	0	0	
ELIZABETH D MOORE TRUSTEE	1 0	Х						0	0	0	
JOHN A NOBLE TRUSTEE	1 0	X						0	0	0	
PETER J NOLAN TRUSTEE	1 0	Х						0	0	0	
LUBNA SULIMAN OLAYAN TRUSTEE	1 0	Х						0	0	0	
ARMANDO JOLIVERA TRUSTEE	1 0	Х						0	0	0	
DONALD C OPATRNY TRUSTEE	1 0	Х						0	0	0	
WILLAIM D PEREZ TRUSTEE	1 0	Х						0	0	0	
LELAND C PILLSBURY TRUSTEE	1 0	Х						0	0	0	
BRUCE S RANYOR 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	
DEAN G SKELOS EX OFFICIO	1 0	Х						0	0	0	
DALIA P STILLER TRUSTEE	1 0	х						0	0	0	

Compensated Employees, and In	depende	nt Co	ntra	cto	rs				, 3	
(A) Name and Title	(B) Average hours per		ition	C) (check apply)	y)		ī	(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
CHIAKI TANUMA TRUSTEE EFFECTIVE JAN 1, 2012	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
MICHAEL J ZAK TRUSTEE	1 0	Х						0	0	0
DAVID W ZALAZNICK VICE CHAIRMAN	1 0	х						0	0	0
KAREN P ZIMMER TRUSTEE	1 0	Х						0	0	0
JAN ROCK ZUBROW TRUSTEE	1 0	Х						0	0	0
ROSEMARY JAVERY TRUSTEE	55 0	Х						218,240	0	41,850
NELSON G HAIRSTON JR TRUSTEE	55 0	х						172,264	0	29,147
W KENT FUCHS PROVOST	55 0			х				544,195	0	41,066
ANTONIO M GOTTO JR DEAN THROUGH DEC 31, 2011	55 0			х				432,566	0	900,928
LAURIE H GLIMCHER DEAN EFFECTIVE JAN 1, 2012	55 0			х				0	0	0
JAMES J MINGLE UNIVERSITY COUNSEL	55 0			х				446,596	0	42,205
JOANNE M DESTEFANO VP FINANCE AND CFO	55 0			х				326,430	0	44,279
ALBERT J EDWARDS CHIEF INVESTMENT OFFICER	55 0				Х			673,973	0	43,811
DANIEL M KNOWLES MD CHAIR & PROF OF PATHOLOGY	55 0				Х			1,479,811	0	53,722
PAK H CHUNG MD PROFESSOR OF REPRODUCTIVE MED	55 0					Х		2,634,988	0	57,740
MUKESH PRASAD MD ASSOC PROF OTORHINOLARYNGOLOGY	55 0					х		2,459,021	0	54,002
ZEV ROSENWAKS MD PROFESSOR OF REPRODUCTIVE MED	550					Х		4,495,722	0	53,650

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(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)	anization (W- organizations	compensation from the organization and related organizations
STEVEN D SPANDORFER MD PROFESSOR OF REPRODUCTIVE MED	55 0					Х		3,155,179	0	51,156
PHILIP E STEIG MD CHAIR AND PROF OF NEUROLOGY	55 0					х		3,308,781	0	62,113