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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

**Open to Public** Inspection

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

ΑI	For the	2012 calenda	ar year, or tax year beginning	July 1	, 2012, and end	ing .	June 30	, 20	13			
B Check if applicable:		oblicable.	C Name of organization			D Emp	loyer ide	ntification numbe	<b>∋r</b>			
	Address cl	ess change Charitable Trust FBO NYS CALS at Cornell University						22-6506148				
Ц	Name cha							nber				
=	Initial retur	Ic/o Kristine Lange, 274 Roberts Hall, Cornell University						-255-8711				
=	Terminated		City or town, state or country, and ZIP + 4			F Gro	up Exem					
=	Allohood totalit					1	nber ▶					
		ing Method:	✓ Cash	pecify) ▶		H Check	▶ V if	the organization	is not			
	Websit	-			<del> </del>	I .		ch Schedule B				
			eck only one) - 7 501(c)(3) 501(c	) ( ) ◀ (insert no ) ☐ 4947	7(a)(1) or 52			EZ, or 990-PF).				
	Check ▶	<del></del>	e organization is not a section 509(a)(3)	···		<u> </u>						
			00. A Form 990-EZ or Form 990 return		-		-	•	-			
			oses to file a return, be sure to file a co	•	500 II (0 posiou	a, may be re	quii ou (o	00 11100 00001107.	. Dot			
	-		b, to line 9 to determine gross receipts.	•	or more, or if total	assets (Part II						
			ow) are \$500,000 or more, file Form 990 i	•			<b>`</b> ▶ <b>☆</b>		20004			
_	art I		e, Expenses, and Changes in		Ralancee (coe	the inetru	otions:	for Port I)	30281			
	arti				•			ioi Fartij				
	4		the organization used Schedule		estion in this F	anı	, ,	· · · · · · ·	<u>. 🗸</u>			
	1		ons, gifts, grants, and similar amou				1		21,573			
	2	-	ervice revenue including governme				2		0			
	3						3		0			
	4	Investment					4		8,708			
	5a		ount from sale of assets other than	•	5a		4 1					
	b		or other basis and sales expenses		[5b]							
	C	•	ss) from sale of assets other than	inventory (Subtract line 5b	from line 5a)		5c					
	6	_	nd fundraising events									
a	a		ome from gaming (attach Sch	edule G if greater than	L 1							
Revenue	1	\$15,000) .			6a		1 1					
Š	b		ome from fundraising events (not in	<del></del>	of contrib	outions						
æ			raising events reported on line 1)									
		sum of suc	ch gross income and contributions	exceeds \$15,000)	6b		]					
	C		ct expenses from gaming and fund		6c							
	d		e or (loss) from gaming and fund	Irasing events (add lines	6a and 6b an	d subtract						
		line 6c) .	BEOFUE	<del>-</del>			6d					
	7a	Gross sale	s of inventory Sess returns and all	owances	7a							
	Ь	Less: cost	of goods sold	ည့္က	7b							
	C	Gross prof	fit on (loss) from sales of inventory	subtract line 7b from line	7a)		7c					
~~	8	Other reve	nue (describe in Schedule O).	2			8					
$\preceq$	9	Total reve	nue. Add-lines 1; 2; 3; 4, 5c; 6d, 7	Ĉ;¦and 8	. ,	►	9		30,281			
<u>_</u> ;	10	Grants and	d similar amounts paid list in Sche	edule O)			10		31,075			
G£	11	Benefits pa	aid to or for members	<del>!</del>			11					
Ø	12	Salaries, of	ther compensation, and employee	benefits			12					
ΞŽ	13	Profession	al fees and other payments to ind	ependent contractors .			13		478			
ႍစ္ည	14		y, rent, utilities, and maintenance				14					
Net Assets Con Expenses	15		ublications, postage, and shipping				15					
3	16		enses (describe in Schedule O)				16		50			
المركبة	17		enses. Add lines 10 through 16 .				17		31,603			
3	18	Excess or	(deficit) for the year (Subtract line	17 from line 9)			18		(1,322)			
<b>19</b>	19		s or fund balances at beginning of						<u>/</u>			
ASS		end-of-yea	ar figure reported on prior year's re	eturn)			19	2	02,519			
<b>a</b>	20		nges in net assets or fund balance				20		12,170			
Ž	21		or fund balances at end of year.				21		13,366			
					·				,			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2012)



Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V .	No.
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	1	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<del> </del>	<b> </b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	┨		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	┨		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			Ť
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>✓</b>
41	List the states with which a copy of this return is filed ▶ New York			
42a	***************************************	607-25	5-871	1
	Located at ► 274 Roberts Hall, Cornell University, Ithaca, NY  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	148	853	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No /
	If "Yes," enter the name of the foreign country: ▶	120		<del>                                     </del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗀
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
		<b></b>	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School to O		ļ . ˈ	
AE-	explanation in Schedule O	44d	-	<del>                                     </del>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del> </del>	✓
430	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ	(2012)	
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Page 4

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I											
Part	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.											
		Check if the organization used Sci	nedule O to respond	to any question i	in this Par	t VI				. 🗆		
									Yes	No		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		fect during the		47		1				
48		organization a school as described in						48		1		
49a b		he organization make any transfers to es," was the related organization a se						49a	-	<b>✓</b>		
50		plete this table for the organization's			other than	officers, dire	 ectors	49b	es an	d kev		
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganization	n. If there is n	one, e	nter "N	lone."	,		
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	Health benefits, utions to employ plans, and deferr ompensation		Estimate other con				
None				,			<u> </u>		_			
					<del></del>		+					
			·									
			· · · · · · · · · · · · · · · · · · ·									
f 51	Com	number of other employees paid over plete this table for the organization	s five highest comp	ensated independe	ent contra	ctors who ea	ch re	ceived	more	than		
(a)		,000 of compensation from the organical address of each independent contractor pa		(b) Type of	service		(c) Co	mpensati	on	<del></del>		
None		· · · · · · · · · · · · · · · · · · ·										
None				1				,				
			<del></del>									
								. ,				
				}								
		· · · · · · · · · · · · · · · · · · ·										
				1								
							•					
	Total	number of other independent and a	otom occh weight i					_				
52		number of other independent contra he organization complete Schedule A	_	•	. ►	247(a)(1)		<del></del>				
JŁ		xempt charitable trusts must attach						√ Yes	. I	No		
Under p	enalties rrect, an	of perjury, I declare that I have examined this indicomplete. Declaration of preparer (other than	return, including accompan officer) is based on all info	ving schedules and stat	tements, and	to the best of my	/ knowl	edge and	belief,	, it is		
		1 James R Wes	steek.			10/9	12	013	7			
Sign Here		Signature of officer Date  James R. Weisbeck, Treasurer										
	L	Type or print name and title	Preparer's supporture		Data			DTIL				
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-em		PTIN				
Prep Use		Firm's name ▶	<u> </u>	I				self-employed Firm's EIN ▶				
USE	Unity	Firm's address ▶	<del> </del>		····	Phone no						
		<u> </u>				1 110110 110						

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	itable Trust FBO CA									06148		
Pa			rity Status (All orga				<del></del>		nstruction	ons.		
The ( 1 2	A church, con	vention of churc	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churche	s describe	•	-	•	i).			
3 4	=											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	✓ An organization	on that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Pal	al part of					nit or fron	n the g	eneral	public
9												
10 11	An organization	on organized ar	I operated exclusively of operated exclusive olicly supported organ describes the type of the control of the co	ely for th nizations supportin	ne benefit described ng organiz	t of, to point of the contract	perform tion 509(a d comple	the funct a)(1) or se ete lines 1	ions of, ection 50	9(a)(2). gh 11h.	See se	ection
е	By checking to other than four or section 509	his box, I certify andation manage (a)(2).	that the organization ers and other than one	is not co e or more	ntrolled d publicly	lirectly or supporte	indirectled organ	y by one izations o	or more described	disqual I in sec	lified pe tion 50	ersons 9(a)(1)
f		ation received a check this box	a written determination	on from 1	the IRS t	hat it is	a Type	I, Type	II, or Typ	ells	upporti	ng
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	•			
			ndirectly controls, eithody of the supported of						din (ii) ar	nd   11g	Yes g(i)	No
		-	on described in (i) abo a person described in							11g	y(ii)	<u> </u>
h		_	=							11g	tui)	Ь
(i)	h Provide the following information about the supported organization  (i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))  (iv) Is the organization or cold (i) listed in governing documents or cold (iii) EIN (described on lines 1–9 above or IRC section (see instructions))		rganization sted in your	<del></del>			tion in col zed in the	(vii) Amount of monetary support				
				Yes	No	Yes	No	Yes	No			
(A)				:								
(B)			· -									
(C)			,									
(D)						-						
(E)												

Part							
	(Complete only if you checked the						alify under
Cont	Part III. If the organization fails to	o quality unde	r the tests lis	ted below, p	ease comple	te Part III.)	
	ion A. Public Support	(-) 0000 I	(1.) 0000	4-3-0040	( B 0014		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,137	10,176	8,641	24,290	21,523	75,767
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	11,107	10,170	0,047	24,230	21,023	73,707
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	11,137	10,176	8,641	24,290	21,523	75,767
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_ 6	Public support. Subtract line 5 from line 4.						75,767
	ion B. Total Support					•	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
7	Amounts from line 4	11,137	10,176	8,641	24,290	21,523	75,767
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,860	17,028	26,237	-1,573	20,878	71,430
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					,	
11	Total support. Add lines 7 through 10						147,197
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax yo	ear as a sectio	n 501(c)(3)
0	organization, check this box and stop he			· · · · ·	<u> </u>		<u> </u>
	ion C. Computation of Public Suppor					T-:	
14 15	Public support percentage for 2012 (line 6					14	51.47 %
16a	Public support percentage from 2011 Schedule A, Part II, line 14						
b	331/3% support test—2011. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		or more,
17a							
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization	tion meets the neets the "facts	"facts-and-ci -and-circumst	rcumstances" tances" test. T	test, check th he organizatio	nis box and <b>st</b> on n qualifies as a	, and line <b>op here</b> . a publicly
18	Private foundation. If the organization di						

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	<del></del>
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	· · · · <del>-</del>				<u> </u>	· · · · · · · · · · · · · · · · · · ·
	sold or services performed, or facilities furnished in any activity that is related to the		•				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					<u> </u>	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						·
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities			<del>-</del>			
•	furnished by a governmental unit to the						
	organization without charge				1		
6	Total. Add lines 1 through 5		<u> </u>				
_	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3		<u> </u>	<del> </del>			
U	received from other than disqualified			1	1		
	persons that exceed the greater of \$5,000		]				
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	<del></del>	···				<u> </u>
8	Public support (Subtract line 7c from			· <del>-</del> -			
•	line 6.)						1
Secti	on B. Total Support		i	<u>.                                    </u>	<u> </u>	l	<u></u>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(b) 2003	(6) 2010	(u) 2011	(6) 2012	(I) IUIAI
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,			•			
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
U	section 511 taxes) from businesses			1	}		ĺ
	acquired after June 30, 1975				ł		
_	Add lines 10a and 10b			<u> </u>			<del></del>
11	Net income from unrelated business						<u> </u>
• • • • • • • • • • • • • • • • • • • •	activities not included in line 10b, whether						
	or not the business is regularly carried on				ĺ		
40	• •		<del> </del>	<del></del>	<del></del>		
12	Other income. Do not include gain or loss from the sale of capital assets				ł		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			<del> </del>			
13	and 12.)			1			
14	First five years. If the Form 990 is for the	o organization	L	d third fourth	or fifth toy	00.00.00.00.00.00.00.00.00.00.00.00.00.	E01(a)(0)
17	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor		<u></u>	· · · · ·		· · · · · ·	
15	Public support percentage for 2012 (line 8			3 column (fl)		15	%
16	Public support percentage from 2011 Sch					16	
	on D. Computation of Investment Inc	come Perce	ntage	· · · · ·	· · · · ·	101	70
17	Investment income percentage for 2012 (I			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2011					18	<del></del>
19a	331/2% support tests—2012. If the organi						
	17 is not more than 33½%, check this box	and ston here	The organizati	on qualifies as:	a publiciv supp	orted organizat	
b	331/a% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this b	oox and ston h	ere. The organ	ization qualifies	roa, and interior	, is more than a	nization 🕨 🗀
20	Private foundation. If the organization de						
		on ook a	23/ 31/ 11/0 17	,,, (	SHOOK GIIG DOX	and see moun	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		••
*****		
	······································	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization		Employer identification number
Charitable Trust FBO NYS CALS at Cornell University		22-6506148
990EZ Line 10 and Part III Line 28 & 29 - 9 Academic Enrichment Awards	11,100	
4 Named Awards	3,250	
3 Research Awards	3,000	
National Agricultural Leadership Conference	13,725	
Total grants and awards	31,075	
990EZ Line 16 - New York State form CHAR500 filing fee 50		
990EZ - Line 20 - Gain in value of Investments 12,170		
990EZ - Line 26 Awards granted and payable on 6/30/13 3,250		
990EZ Line 34 - Added Academic Enrichments Award Criteria and increased number of	Trustees from	3 to 6
	*	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
	<u></u>

Schedule O (Form 990 or 990-EZ) (2012)