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EXTENDED TO FEBRUARY 16, 2016

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2014 calendar year, or tax year beginning JUL 1, 2014 and a	ending (JUN 30, 2015						
В	Check if	C Name of organization		D Employer identific	cation number					
	applicable	SAMUEL CURTIS JOHNSON GRADUATE SCHOOL								
	Addres		JST							
F	Name change			22-2	572815					
F	Initial		Room/suite							
旨	Final	· · · · · · · · · · · · · · · · · · ·	100	(607						
_	return/ termin		100	G Gross receipts \$	3,432,689.					
Γ	ated Amend									
Ireturn 11 TACA, N1 14030-4333 H(a) is this a group return										
P Name and address of principal officer NELISON SCHAENEN, UK. 10r subordinates?										
-		SAME AS C ABOVE		H(b) Are all subordinates in						
			or 527	⊣ ′	list (see instructions)					
		e: ► N/A organization: Corporation X Trust Association Other ►	T. v.	H(c) Group exemption						
	art I	organization: Corporation X Trust Association Other ►	L Year	of formation: 1984 M	State of legal domicile: NY					
			TD D O D I							
9 8	1	Bnefly describe the organization's mission or most significant activities TO St			·····					
Governance	1 '	ACTIVITIES AND PROGRAM SUPPORT AT THE COR		•						
, E	1	Check this box f the organization discontinued its operations or dispos	ed of mor	e than 25% of its net as						
<u>ۆ</u> !	3	Number of voting members of the governing body (Part VI, line 1a)		3	5					
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5					
es:	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0					
₹	6	Total number of volunteers (estimate if necessary)		6	5					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	•	7ь	0.					
•				Prior Year	Current Year					
a)	8	Contributions and grants (Part VIII, line 1h)		0.	0.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, a RECEIVED		3,162,888.	3,266,119.					
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		0.	0.					
		Total revenue - add lines 8 through 11 (must eggal Part VIII, column (A), line		3,162,888.	3,266,119.					
		Const. and annual annual (Dat IV and (Dat IV)		2,516,050.	2,642,149.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
m	1	Salanes, other compensation, employee benefits (Pany Column (A) lines 5-10)		0.	0.					
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Sen	104	Total fundraising expenses (Part IX, column (D), line 25)	0.		_					
ᄶ	1,5	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	94,037.	81,341.					
	1		<u> </u>	2,610,087.	2,723,490.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash							
	19	Revenue less expenses. Subtract line 18 from line 12		552,801.	542,629.					
Net Assets or		T	B	eginning of Current Year	End of Year					
SSE	20	Total assets (Part X, line 16)	-	53,570,417.	53,267,855.					
et	21	Total liabilities (Part X, line 26)	-	174,489.	190,528.					
		Net assets or fund balances. Subtract line 21 from line 20		53,395,928.	53,077,327.					
	art II	Signature Block			 					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is					
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge.						
				Data /						
Sig	ın	Sunature of officer C. Hay Watter Treasure		Date //a/	/).					
He	76									
Type or print name and titlé										
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paı		LESLEY HORNER		12/17/15 "self-employe						
	parer	Firm's name CDLM & COMPANY CPX'S, LLP		Firm's EIN	<u> 16-117</u> 1627					
Use Only Firm's address 401 E. STATE ST., SUITE 500										
		ITHACA, NY 14850		Phone no. 60	7-272-4444					
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form 990 (2014)

_	990 (2014) OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815 Page 2
	1990 (2014) OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815 Page 2 rt III Statement of Program Service Accomplishments
Pai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: `GOVERN TRUMP ON CONTROL ADVANCE PROCESS AND PROMOTE THE
	CONTRIBUTIONS TO SUPPORT, ADVANCE, ENCOURAGE AND PROMOTE THE
	ACTIVITIES AND PROGRAMS AT THE CORNELL UNIVERSITY JOHNSON GRADUATE
	SCHOOL OF MANAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	. —
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 2,642,149. including grants of \$ 2,642,149.) (Revenue \$)
	THE TRUST MADE GRANTS OF \$2,406,029 AND \$236,120 TO THE CORNELL
	UNIVERSITY JOHNSON GRADUATE SCHOOL OF MANAGEMENT AND ROBERT W. PURCELL
	PROFESSORSHIP, RESPECTIVELY.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,642,149.
	Form 990 (2014)
43200	

Form 990 (2014) OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

Part IV Checklist of Required Schedules

_	_	-			_		_
2	2 –	~		7 ~	ο.	4	_
	/ –	_	~	, ,	×		_

Page 3

			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	Х	-
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
3	public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	-	
-	during the tax year? If "Yes," complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	ļ
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	_X_	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	L
		Form	990	(2014)

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	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule i, Parts i and ii	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		'	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part!	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	İ		
	Schedule L, Part I .	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		1	
а		28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	•			1,5
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
or-	Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 504(aV3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O			(2014)
		1 0111		(2014)

	SAMUEL CURTIS JOHNSON GRADUATE SCHOOL								
orm	990/2014) OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572	Ω15	ь	age 5					
	rt V Statements Regarding Other IRS Filings and Tax Compliance	013	<u></u>	age o					
	`Check if Schedule O contains a response or note to any line in this Part V			\Box					
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u> </u>	163	140					
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
Ī	(gambling) winnings to prize winners?	1c							
2a	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 return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b									
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		X					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
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		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders			1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)								

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b Enter the 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 amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b X 14a 14b

12a

13a

Form 990 (2014)

12b

22-2572815

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST Form 990,(2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	`to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 5						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
Ь	Enter the number of voting members included in line 1a, above, who are independent]					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>			
6	Did the organization have members or stockholders?	6		<u>X</u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	<u> X</u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا ۔ ا	v				
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	v	<u> </u>			
14	Did the organization have a written document retention and destruction policy?	14	<u>X</u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ا ء۔ ا		v			
a	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$			
D	Other officers or key employees of the organization	15b					
46 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		Х			
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a					
D	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					
Sac	exempt status with respect to such arrangements?	100					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le				
10	for public inspection Indicate how you made these available. Check all that apply	41141					
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial				
1.5	statements available to the public during the tax year	Nar I					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
20	THE ORGANIZATION - (607) 254-1550						
	130 EAST SENECA STREET, NO. 400, ITHACA, NY 14850-4353						
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OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815

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

Check if Schedule O	contains a response or not	e to any line in this Part VII	_		

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

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

Check this box if neither the organic	orga	nıza			nper	nsat			Γ		
(A) Name and Title	(B) Average	Dani					one	(D) Reportable	(E) Reportable	(F) Estimated	
	ponta bet	box	box, unless person is both at officer and a director/trustee			re boti	μãυ	compensation	compensation	amount of	
	week	\vdash	ceran	laaa	irector/trustee)		tee)	from	from related	other	
	(list any hours for	ied						the	organizations	compensation	
	related	5	E			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ş	trus		99	mpen		(VV-2 /1099-IVII3C)		and related	
	below	gar	tiona	_	9	stco	<u> </u>			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) NELSON SCHAENEN, JR.	1.00										
CHAIRMAN		X	L	X	<u> </u>	ļ		0.	0.	0.	
(2) ROBERT A. COWIE	1.00					;					
TRUSTEE		X						0.	0.	0.	
(3) H. FISK JOHNSON	1.00										
TRUSTEE		X	ļ	ļ	ļ	ļ	L.	0.	0.	0.	
(4) HAROLD TANNER	1.00	-								_	
TRUSTEE		X						0.	0.	0.	
(5) C. HARPER WATTERS	1.00								012 240	24 045	
TRUSTEE	40.00	X	ļ		ļ		ļ	0.	213,340.	31,915.	
		-									
	·	┼─		-		 	<u> </u>				
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Form 990 (2014)

	990 (2014) OF MGM'I' (JF CORNI	للك	ا ر	JN.	ΓΛ		ĽN.	DOWMWNT TRUS	$\frac{3T}{2}$ $\frac{22-257}{2}$	<u> 281:</u>	<u> </u>	age (
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	Compensated Employe				
	(A) Name and title	(B) Average hours per week	Average hours per Position (do not check more than one cox, unless person is both an compensation compensation						(E) Reportable compensation from related	- 1	(F) stimat mount othei	oí	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Кеу етріоуев	Highest compensated employee	er .	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	compensation from the organization and related organization	
		line)	IN DIE	ag a	Officer	Key er	돌	Former			_		
							ļ						
													-
						-	 	-					
			-										
						_							
				ļ			ļ 						
												_	
1b c	Sub-total Total from continuation sheets to Part VI	I, Section A						▶	0.	213,340). 3	31,9	015 0
	Total (add lines 1b and 1c)							>	0.	213,340		31,9	15
2 	Total number of individuals (including but no compensation from the organization	ot limited to tr	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	0,000 of reportable			, (
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	npic	yee	, or l	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su			omn	ensa	ation	າ ສຸກທ	d oth	her compensation from	the organization	3		X
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual	· ·	4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," company of the list of the organization?	•				-		elat	ed organization or indiv	idual for services	5_		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest contractors	moensated inc	dene	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation for the								the organization's tax				
	(A) Name and business	address	N	INC	3				(B) Description of s	services	Comp	(C) ensatio	วก
						-					-		
												-	
2	Total number of independent contractors (ii	ncluding but n	ot lii	mıte	d to	tho	se li:	sted	l above) who received n	nore than			
	\$100,000 of compensation from the organization	zation 🕨				(0				Form	990	(2014

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815 Page 9

<u>. u.</u>	t VII	Statement of Rever Check if Schedule O cont		or note to any lin	e in this Part VIII			
	•	Orloskii Goriodali G Galik	<u> a</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b					
S, C	С	Fundraising events	1c					
a t	d	Related organizations	1d]				
i.E	е	Government grants (contribut	ions) 1e					
P.S.		All other contributions, gifts, gran						
		similar amounts not included abo	ve 1f					
퉏	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 8	h	Total. Add lines 1a-1f						
ı				Business Code				
9	2 a							
E e	b	·	<u>.</u>				****	
er C	C	:			· <u>-</u>			
돌	d	·						
Program Service Reveriue	е							
۱ م		All other program service reve	enue					
		Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, inter					
		other similar amounts)		. •	1,142,515.			1,142,515.
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties	[() D				
	_		(ı) Real	(II) Personal				
		Gross rents						
		Less rental expenses .						
		Rental income or (loss)		>				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
ŀ	/ a		<u> </u>	1 1				
	_	assets other than inventory Less: cost or other basis	2,290,174	·				
	L	and sales expenses	166,570					
	_	Gain or (loss)	2,123,604					
		Net gain or (loss)	2,123,004	>	2,123,604.			2,123,604.
		Gross income from fundraisin	a events (not					
- E	0.0	including \$	•					
e e		contributions reported on line						
Other Revenue		Part IV, line 18	a	. 1				
‡	b	Less direct expenses	b					
0	c	Net income or (loss) from fund	draising events					
		Gross income from gaming a						
		Part IV, line 19	а					
	b	Less: direct expenses	b	,				
	c	Net income or (loss) from gan	ning activities					
	10 a	a Gross sales of inventory, less	returns					
		and allowances	. а			i		
	t	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu	ie	Business Code				
	11 a	a						
	t	o						
	c	·						ļ
	C	d All other revenue		L				ļ
	•	e Total. Add lines 11a-11d		>				
43200	12	Total revenue. See instructions.		<u> </u>	3,266,119.	0	0.	
11-07	- 14							Form 990 (2014)

Form 990,(2014)

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

22-2572815 Page 10

	Statement		

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
-	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,642,149.	2,642,149.		<u> </u>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			**	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		.=		
10	Payroll taxes .				
11	Fees for services (non-employees)			İ	
а	Management				
b	Legal				
С	Accounting	10,550.		10,550.	, - ,
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	69,291.		69,291.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		~		
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				-
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	NYS CHAR500 FILING FEE	1,500.		1,500.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,723,490.	2,642,149.	81,341.	0.
26	Joint costs Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			:	
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014) OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815 Page 11
Part X Balance Sheet

Pai		balance Sileet			
		Check if Schedule O contains a response or note to any line in this Part X	 	r	
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	750.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts	i	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	3,832,113.	11	3,764,087.
	12	Investments - other securities See Part IV, line 11	47,344,839.	12	47,157,461.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,392,715.	15	2,346,307.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,570,417.	16	53,267,855.
	17	Accounts payable and accrued expenses		17	8,750.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u> </u>
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	174,489.	ا م	181,778.
	200		174,489.	25 26	190,528.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	' -	20	170,520+
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	52,550,928.	27	52,232,327.
alar	28	Temporarily restricted net assets	32,330,320.	28	32,232,327.
Ä	29	Permanently restricted net assets	845,000.	29	845,000.
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	045,000.	25	043,000.
ř		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	53,395,928.	33	53,077,327.
	34	Total liabilities and net assets/fund balances	53,570,417.		53,267,855.
	<u> </u>	The state of the s		. ••	Form 990 (2014)

Form **990** (2014)

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL
OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-

	990(2014) OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST	<u> 22-2</u>	<u> 25721</u>	<u>815</u>	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Щ.
	•		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 2 </u>			<u>90.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u> 28.</u>
5	Net unrealized gains (losses) on investments	5		<u>-86</u>	<u>1,2</u>	<u> 30.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	Ĭ				
	column (B))	10	<u>53</u>	<u>,07</u>	<mark>7,3</mark>	<u>27.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Į	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	}			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		t I			
	Act and OMB Circular A-133?	-	ŀ	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audr	ı İ			
_	or audito explain when School In O and describe any store taken to undergo such guidto			2h		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Pevenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.goviform990.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization SAMUEL CURTIS JOHNSON GRADUATE SCHOOL 22-2572815 OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). |X| 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 other support (see support (see governing document? above or IRC section. Instructions) Instructions) Yes No (see instructions)) CORNELL UNIVERSITY 15-0532082 2,642,149. X 2,642,149. Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	 	!			<u> </u>	
	supported organization) included						
	on line 1 that exceeds 2% of the		İ				
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support					T	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				-		
	and income from similar sources						
9	Net income from unrelated business				1		
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				,		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	L		L		ļ . —	
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	. —
<u> </u>	organization, check this box and stop ction C. Computation of Publ		roontago				<u> </u>
						T 44 T	
	Public support percentage for 2014 (I	**	•	column (f))		14	<u>%</u>
	Public support percentage from 2013				44 - 00 4/00/	15	%
16a	33 1/3% support test - 2014. If the c	•		*	14 IS 33 1/3% OF F	nore, cneck this bo	x and
	stop here. The organization qualifies		-		1 line 15 ic 22 1/20	(or more sheet 41	▶
	33 1/3% support test - 2013. If the constant test - 2015 and the base The accompany test - 2015 and test - 201	-			1 line 15 is 33 1/3%	o or more, check tr	IIS DOX
4-	and stop here. The organization qual	•	•		- 10 10 10 ⁰	amal lima 4.4 -= 4.00/	P
1/a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact			•	•	it vi now the organ	nzation ⊾ ┌──
	meets the "facts-and-circumstances"	•	•		· ·	17a and lest 45 :-	▶ □
	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		, ▶□
10	organization meets the "facts-and-circ Private foundation. If the organization		-	•			
10	rivate foundation, if the organization	ят аю посспеск а	DOX ON HITE 13, 16	oa, 100, 178, 01 17		and see instruction	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ov, picase com	picto v dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in				ŀ		
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			1			
ization's benefit and either paid to						
or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·				<u> </u>	 	
5 The value of services or facilities					,	
furnished by a governmental unit to			1			
the organization without charge		-				
6 Total. Add lines 1 through 5			ļ			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that			ļ			
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>	.].	
Section B. Total Support				I=		
alendar year (or fiscal year beginning in) ➤ 🗀	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,		1				
whether or not the business is regularly carried on						
12 Other income Do not include gain						·, - · · · · · · · · · · · · · · · · · ·
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first second thu	d fourth or fifth ta	ax vear as a secti	on 501(c)(3) organiz	ation
check this box and stop here		,	a, 10a, 11, 07, 11111 to		011 00 1(0)(0) 01 guinz	■
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2014 (lin			column (fl)		15	9
16 Public support percentage from 2013 S	***	-	(///		16	
Section D. Computation of Invest						
7 Investment income percentage for 201					17	
IN Investment income percentage from 20	•	•	15, 55,611111 (1/)		18	
19a 33 1/3% support tests - 2014. If the o			on line 14, and line	15 is more than		
more than 33 1/3%, check this box and						, 13 1101
b 33 1/3% support tests - 2013. If the o						₽ L_
line 18 is not more than 33 1/3%, chec						U ▶ [
Private foundation If the organization					_	

Schedule A (Form 990 or 990-EZ) 2014 OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST22-2572815 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A. D. and Sec

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	x	
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		x
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 50		
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	- 55	<u> </u>	
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If			
74	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		х
b		74		
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		
	purposes.	4c		
Эa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	F.		.
	was accomplished (such as by amendment to the organizing document)	5a		X
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	ļ <u>.</u> .		
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			.,
_	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		,,
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			٠,,
	If "Yes," complete Part I of Schedule L (Form 990)	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	_		.,
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			٠,,
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	 	X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			,.
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			!

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990 EZ) 2014 OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST22-25	57281	5 Pa	ige 5
Pai	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
ь	A family member of a person described in (a) above?	11b		X
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_	Х	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	į		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	į		
	supervised, or controlled the supporting organization	2		х
Sec	tion C. Type II Supporting Organizations	<u>, , </u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	11	<u>l. </u>	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>). </u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		<u> </u>	
a				
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	

	dule A (Form 990 or 990 EZ) 2014 OF MGMT OF CORNELL UNIV			22-2572815 Page (
Ь—	Type milest another many many action cooka/(o) cupper milest			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
Sect	other Type III non-functionally integrated supporting organizations must coion A - Adjusted Net Income	mplete	(A) Prior Year	(B) Current Year
			(Fyr nor real	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		, , , , , , , , , , , , , , , , , , , ,
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting ord	anization (see
			71	

Schedule A (Form 990 or 990-EZ) 2014

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL Schedule A (Form 990 or 990 EZ) 2014 OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST22-2572815 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 а b c d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see 7 Excess distributions carryover to 2015. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2014

a b c

8 Breakdown of line 7

d Excess from 2013e Excess from 2014

Part VI	(Form 990 or 990-EZ) 2014 OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST22-2572815 Page Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional information. (See instructions)
	
-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

Name of the organization

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL

Employer identification number 22-2572815

	OF MGMT OF CORNELL UNIV. ENDOWMWNT TRU	ST	22-2572815
Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	ls or Acco	unts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's exclusive legal control?		. Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990,	Part IV, line	7
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e.g., recreation or education)	storically imp	ortant land area
	Protection of natural habitat Preservation of a ce	rtified histori	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a conser	vation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	<u>2a</u>	
b	Total acreage restricted by conservation easements	<u>2b</u>	
С	Number of conservation easements on a certified historic structure included in (a)	<u>2c</u>	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure.		
	listed in the National Register	. <u>2d</u>	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	he organizati	on during the tax
	year -		
4	Number of states where property subject to conservation easement is located	•	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling o	I	Yes No
_	violations, and enforcement of the conservation easements it holds?	during the w	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during		
7	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17		Ψ
8		0(1)(4)(0)(1)	Yes No
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expens	sa statamant	
9	include, if applicable, the text of the footnote to the organization's financial statements that describe		
	conservation easements	3 the organiz	ation 3 accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Sim	ilar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ement and ba	alance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in further		
	the text of the footnote to its financial statements that describes these items.		
b	0.000	nt and balan	ce sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, education, or research in furtherance of p		
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1	>	\$
	(ii) Assets included in Form 990, Part X	•	\$ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for finance		
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	· / ·	
а	Revenue included in Form 990. Part VIII. line 1	•	\$
	Assets included in Form 990, Part X	•	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche Par			L UNIV. EN					5 Page 2
3	Using the organization's acquisition, accessi							
	(check all that apply)	•	,,	3	.			
а	Public exhibition	d	Loan or exc	hange programs				
ь	Scholarly research	е		5 . 5				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further tl	he organization's exi	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	-	-	-				
_	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's co	ollection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran				Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
							Amount	
c	Beginning balance				1c			
d	Additions during the year				_1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ality?		Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10		·	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	845,000.	845,000.	845,000.		845,000.		845,000.
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	845,000.	845,000.	845,000.	<u> </u>	845,000.		845,000 <u>.</u>
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment ▶	.00%						
	The percentages in lines 2a, 2b, and 2c should							
3а	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	nd administered for	the organi	zation	_	
	by							Yes No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere				line 10.			
	Description of property	(a) Cost or o	\-'	1	\ccumulat	•	(d) Book	value
		basis (investr	nent) basis ((other) de	preciation	1		
1a	Land .							
b	Buildings							
С	Leasehold improvements							
	Equipment .							
	Other			. <u></u>				
Total	, Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	0c)				0.

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	4,664,154	END-OF-YEAR MA	ARKET VALUE
(3) Other			
(A) MASTER PLAN OF CORNELL	40 400 207		
(B) UNIVERSITY	42,493,307	END-OF-YEAR MA	ARKET VALUE
(C)			
(D)			
(F)			
(G)			
(H)	 	1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	47,157,461		
Part VIII Investments - Program Related.		<u> </u>	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation Co	est or end-of-year market value
(2)			
(3)			
(4)			
(5)		ļ	
(6)			
(7)	,		
(8)		+	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		 	
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)	- 1F)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		P
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11e or 11f. See Form 990. Part)	K. line 25
1. (a) Description of liability		(b) Book value	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes			
(2) DUE TO CORNELL UNIVERSITY		181,778.	
(3)			
(4)	•		
(5)			
(6)			
(7)			
(9)		101 850	
Total. (Column (b) must equal Form 990, Part X, col (B) lin		181,778.	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial sta	tements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

	tule D (Form 990) 2014 OF MGMT OF CORNELL UNIV. E			2572815 Page 4
Par		ents With Revenue per R	eturn	J.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,335,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	·		
а	Net unrealized gains (losses) on investments	2a $-861,230.$		
b	Donated services and use of facilities	2b	1	
С	Recovenes of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	-861,230.
3	Subtract line 2e from line 1		3	3,196,828.
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 69,291.]	
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	69,291.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,266,119.
Par	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	2,654,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d] [
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,654,199.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 69,291.		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	-	4c	69,291.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,723,490.
L	t XIII Supplemental Information.			·
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		4, Part	X, line 2; Part XI,
lines :	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information		
PAR	T V, LINE 4:			
TO	FUND FUTURE PROGRAMS IN ACCORDANCE WITH T	HE ORGANIZATION	S TA	AX EXEMPT
	DOGE			
PUF	POSE.			
		· · · · · · · · · · · · · · · · · · ·		·
		_		
		······································	···	
				
				
				

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Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. SAMUEL CURTIS JOHNSON GRADUATE SCHOOL Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

	•
OMB No 1545-0047	2014

Open to Public Inspection **Employer identification number**

22-2572815

2 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SDUCATION 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 2,642,149 (c) IRC section if applicable 501(C)(3) 15-0532082 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 341 PINE TREE ROAD CORNELL UNIVERSITY ITHACA NY 14850 Part Part

432101 10-15-14

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

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

OF MGMT OF CORNELL UNIV. ENDOWMINT TRUST

Schedule I (Form 990) (2014)

Part III

Page 2

22-2572815

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	e 2, Part III, column	(b), and any other ac	dditional information	
PART I, LINE 2:					
ANNUAL MONITORING WHICH INCLUDES REPORTING OF SCHOOL ACTIVITIES	EPORTING	OF SCHOOL	ACTIVITIE	S BY THE DEAN	
OF THE SC JOHNSON GRADUATE SCHOOL OF		EMENT TO T	MANAGEMENT TO THE TRUSTEES OF THE	S OF THE	
NOTHERM					

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Intermation about Schedule J (Form 990) and its instructions is at www.irs.gov/torm990.

2014

OMB No. 1545-0047

pen to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

Employer identification number 22-2572815

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study 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 a Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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: Х a The organization? 5a X Any related organization? 5b 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. X The organization? 6a 6b 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 X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III R If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2014

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 22-2572815

Schedule J (Form 990) 2014

Page 2

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

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

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

		10 minobylos (0)	374 000 4 70/17 0 0/41			i		•
		(B) Breakdown or	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	compensation			in column (b) reported as deferred in prior Form 990
(1) C. HARPER WATTERS	Ξ		0			0.	0	0.
TRUSTEE	(1)	213,340.		0.	21,200.	10,715.	245,255.	0
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Schedule J (Form 990) 2014

Page 3		
22-2572815 P	•	omplete this part for any additional information.
UNIV. ENDOWMWNT TRUST		Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
OF MGMT OF CORNELL UNIV.		or descriptions required for Part I, lines 1a, 1b, 3,
Schedule J (Form 990) 2014	Part III Supplemental Information	Provide the information, explanation, o

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SCHEDULE O,

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST Employer identification number 22-2572815

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GRADUATE SCHOOL OF MANAGEMENT.
FORM 990, PART VI, SECTION A, LINE 7A:
THREE OF THE FIVE TRUSTEES ARE APPOINTED BY CORNELL UNIVERSITY.
FORM 990, PART VI, SECTION A, LINE 7B:
UNDER ARTICLE IX OF THE TRUST AGREEMENT, THE TRUST IS ACCOUNTABLE TO THE
CORNELL UNIVERSITY BOARD OF TRUSTEES, WITH WHOM A REPORT MUST BE FILED AT
THE END OF EACH FISCAL YEAR.
FORM 990, PART VI, SECTION B, LINE 11:
THE ORGANIZATION'S FORM 990 IS REVIEWED BY OFFICER MEMBERS OF THE BOARD
PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL MONITORING
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

(g) Section 512(b)(13) controlled Open to Public of Inspection Š Employer identification number 22-2572815OMB No 1545-0047 entity? 2014 Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. LINE 2 ►Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ section 501(C)(3) ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST 9 NEW YORK SAMUEL CURTIS JOHNSON GRADUATE SCHOOL Primary activity Primary activity HIGHER EDUCATION <u>e</u> Name, address, and EIN (if applicable) Name, address, and EIN of related organization CORNELL UNIVERSITY - 15-0532082 of disregarded entity Name of the organization 341 PINE TREE ROAD 14850 Department of the Treasury Internal Revenue Service SCHEDULE R ITHACA, NY (Form 990) Part II Part

Schedule R (Form 990) 2014

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

OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

Schedule R (Form 990) 2014

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 Part III

Page 2

22-2572815

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 20 of Schedule -K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets **B** Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u>

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 Part IV

(d) (e) Direct controlling Type of entity (C corp, S corp,		(1)		;	
t controlling Type of ent		6)	E)	(1)	
100 24 20	ty Share of total income	Share of end-of-year	Percentage	512(b)(13) controlled entity?	
or riust)		455415		Yes No	, ,
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			Sch	Schedule R (Form	Schedule R (Form 990) 2014

22-2572815

Page 3

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

Schedule R (Form 990) 2014

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

					3	14
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	with one or more rel	Jule. In transactions with one or more related organizations listed in Parts II-IV?	in Parts II:IV?		2	
Becent of (1) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				19		×
				9	×	
				ည		×
				19		×
				1e		×
f Dividends from related organization(s)				=		×
a Sale of assets to related organization(s)				19		×
				14		X
				=		X
J. Lease of facilities, equipment, or other assets to related organization(s)				=		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
	nization(s)			=		X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			111		×
	on(s)			두	X	
				9		×
				,		>
				2		< >
q Reimbursement paid by related organization(s) for expenses				<u> </u>		4
r Other transfer of cash or property to related organization(s)				1		×
				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	s line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) CORNELL UNIVERSITY	Д	2,642,149.				
(2)						
(3)					:	
(4)						
(5)						
(9)						
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1) -

SAMUEL CURTIS JOHNSON GRADUATE SCHOOL OF MGMT OF CORNELL UNIV. ENDOWMWNT TRUST

Schedule R (Form 990) 2014

Page 4

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

that was not a related organization. See instructions regarding exclusion to certain investment partners inpost	Ctivity Legal domicile Predominant income pariners second control (related, unrelated, pariners second control (state or foreign control to box 20 managing low)	sections 512-514) Yes No																		
3																				
(a)	Name, address, and EIN of entity														_					