


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2015

Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
Cornell University

% UNIVERSITY CONTROLLER

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

341 PINE TREE ROAD

City or town, state or province, country, and ZIP or foreign postal code

ITHACA, NY 14850

**F** Name and address of principal officer  
HUNTER R RAWLINGS III PRES  
341 PINE TREE ROAD  
ITHACA, NY 14850

**H(a)** Is this a group return for subordinates?  
No

☐ Yes ☒ No

**H(b)** Are all subordinates included?  
If "No," attach a list (see instructions)

☐ Yes ☐ No

**H(c)** Group exemption number ▶

**D** Employer identification number  
15-0532082

**E** Telephone number  
(607) 255-6243

**G** Gross receipts \$ 14,087,558,909

**I** Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.CORNELL.EDU

**K** Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1865

**M** State of legal domicile NY

Part I

Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities  
EDUCATION, RESEARCH, MEDICAL SERVICES AND OTHER PUBLIC SERVICES

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	65
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	60
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	40,148
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6,869
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	8,333,630
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

Revenue

<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	584,510,026	510,356,488
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	3,339,680,440	3,529,227,273
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	420,205,412	301,976,723
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,972,137	27,682,064
	4,351,368,015	4,369,242,548

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	462,661,107	482,908,698
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,319,435,787	2,473,442,317
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	358,791	1,409,407
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶46,882,228		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,169,479,188	1,244,419,777
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,951,934,873	4,202,180,199
<b>19</b> Revenue less expenses Subtract line 18 from line 12	399,433,142	167,062,349

Net Assets or Fund Balances

	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	12,669,538,763	12,369,905,113
<b>21</b> Total liabilities (Part X, line 26)	3,278,677,385	3,450,816,266
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	9,390,861,378	8,919,088,847

Part II

Signature Block

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

Sign Here

▶

Signature of officer

2017-05-10

Date

▶

JOANNE M DESTEFANO EVP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
barbara e hunt

Preparer's signature  
barbara e hunt

Date

Check ☐ if self-employed

PTIN  
P00916443

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 200 CLARENDON STREET

Phone no (617) 266-2000

BOSTON, MA 021165072

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

☒

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 1,278,629,000 including grants of \$ 420,632,580 ) (Revenue \$ 998,941,774 )

CORNELL UNIVERSITY IS RENOWNED FOR ITS ACADEMIC RIGOR, INTELLECTUAL VIBRANCY, ENTREPRENEURIAL CHARACTER, AND THE DIVERSITY AND QUALITY OF ITS CURRICULA AND AREAS OF MULTIDISCIPLINARY RESEARCH AND STUDY. THE UNIVERSITY'S UNDERGRADUATE, GRADUATE, PROFESSIONAL, POST-DOCTORAL, AND CONTINUING EDUCATION PROGRAMS HAVE A GLOBAL REPUTATION FOR EXCELLENCE AND INNOVATION. CORNELL'S MAIN CAMPUS IS IN ITHACA, NEW YORK, WITH THE CAMPUSES OF WEILL CORNELL MEDICAL COLLEGE. SEE SCHEDULE O.

4b

(Code ) (Expenses \$ 1,067,470,000 including grants of \$ 0 ) (Revenue \$ 1,050,886,500 )

MEDICAL SERVICES, INCLUDING THE TRAINING AND EDUCATION OF PHYSICIANS, IS A PRIMARY COMPONENT OF THE UNIVERSITY'S MISSION. CORNELL IS COMMITTED TO EXCELLENCE IN PATIENT CARE, SCIENTIFIC DISCOVERY, AND THE EDUCATION OF FUTURE PHYSICIANS IN NEW YORK CITY AND AROUND THE WORLD. THE DOCTORS AND SCIENTISTS OF WEILL CORNELL MEDICINE-FACULTY FROM WEILL CORNELL MEDICAL COLLEGE, WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES, AND THE WEILL CORNELL PHYSICIAN ORGANIZATION-PROVIDE CLINICAL CARE AND RESEARCH THAT CONNECT PATIENTS TO THE LATEST TREATMENT INNOVATIONS AND PREVENTION STRATEGIES.

4c

(Code ) (Expenses \$ 596,434,000 including grants of \$ 62,276,118 ) (Revenue \$ 586,665,960 )

CORNELL HAS A LONG TRADITION OF COMBINING SCHOLARLY WORK AND LEADERSHIP IN RESEARCH-BOTH BASIC AND APPLIED-WITH PUBLIC SERVICE AND ENGAGEMENT IN NEW YORK STATE AND AROUND THE WORLD. REVENUES FROM SPONSORED AWARDS INCLUDE \$444 MILLION IN DIRECT SUPPORT AND \$142 MILLION IN INDIRECT COST RECOVERY. REVENUES ALSO INCLUDE GRANT AND CONTRACT REVENUE TO SUPPORT PUBLIC OUTREACH AND INSTRUCTION, THE SINGLE LARGEST PORTION IS RELATED TO RESEARCH.

4d

Other program services (Describe in Schedule O )

(Expenses \$ 776,691,914 including grants of \$ 0 ) (Revenue \$ 912,184,912 )

4e

Total program service expenses ▶ 3,719,224,914

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
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 Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 Yes	
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 Yes	
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 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**Part IV** Checklist of Required Schedules (continued)

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response or note to any line in this Part V . . . . . <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 29,384		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		<b>1c</b> Yes	
<b>2a</b> 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 . . . . .	<b>2a</b> 40,148		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		<b>2b</b> Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b> Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b> Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b> Yes	
<b>b</b> If "Yes," enter the name of the foreign country <b>AS, FR, HK, IT, LU, NP, QA, UK</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>	
<b>6a</b> 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? . . . . .		<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .		<b>7a</b> Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b> Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b> Yes	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b> Yes	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .		<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	65	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	60	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	UNIVERSITY CONTROLLER 341 PINE TREE ROAD ITHACA, NY 148502820 (607) 255-3581

Check if Schedule O contains a response or note to any line in this Part VII ☐

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								34,649,935	0	1,289,647

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4,282

3Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3Yes

4For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

4Yes

5Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BNY Mellon, 225 Liberty Street NEW YORK, NY 10286	INVESTMENT/CUSTODIAL	35,490,601
LeChase Construction Services LLC, 205 Indigo Creek Dr ROCHESTER, NY 14626	Construction	9,684,863
Specialty Leasing Agency Inc, 934 Manhattan Ave BROOKLYN, NY 11222	Real Estate Mgmt	4,793,610
Gemini Consulting Services LLC, 3636 S Geyer Road Suite 270 SUNSET HILLS, MO 63127	IT Consulting Svcs	4,173,354
Arthritis Osteoporosis, 186 Joralemon St BROOKLYN, NY 11201	Medical Services	3,208,944

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1,717

Form **990** (2015)

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . . . .	1b	1,061,977					
	c	Fundraising events . . . . .	1c	3,084,502					
	d	Related organizations . . . . .	1d	55,026,337					
	e	Government grants (contributions)	1e	41,604,012					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	409,579,660					
	g	Noncash contributions included in lines 1a-1f \$		21,499,139					
	h	Total. Add lines 1a-1f . . . . . ▶		510,356,488					
	Program Service Revenue	2a	EDUCATION TUITION	Business Code					
			900099	998,941,774	998,941,774				
b		GRANTS & CONTRACTS FOR RESEARCH	900099	626,257,464	626,257,464				
c		MEDICAL SERVICES	900099	1,050,886,500	1,050,886,500				
d		LAND GRANT MISSION GOVT APPROP	900099	149,138,408	149,138,408				
e		AUXILLIARY ENTERPRISES - ROOM & BOARD	900099	160,852,501	160,852,501				
f		All other program service revenue		543,150,626	541,016,782	1,558,279	575,565		
g		Total. Add lines 2a-2f . . . . . ▶		3,529,227,273					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		97,852,240		6,488,571	91,363,669		
	4	Income from investment of tax-exempt bond proceeds . . ▶		0					
	5	Royalties . . . . . ▶		19,451,873			19,451,873		
	6a	Gross rents	(i) Real	(ii) Personal					
			4,195,530						
			b	Less rental expenses	3,322,457				
			c	Rental income or (loss)	873,073	0			
	d	Net rental income or (loss) . . . . . ▶			873,073			873,073	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			9,901,882,866						
			b	Less cost or other basis and sales expenses	9,697,758,383				
			c	Gain or (loss)	204,124,483				
	d	Net gain or (loss) . . . . . ▶			204,124,483			204,124,483	
	8a	Gross income from fundraising events (not including \$ 3,084,502 of contributions reported on line 1c) See Part IV, line 18 . . .							
			a	497,034					
			b	Less direct expenses . . . . . b	1,849,881				
	c	Net income or (loss) from fundraising events . . ▶			-1,352,847			-1,352,847	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .							
			a						
			b	Less direct expenses . . . . . b					
	c	Net income or (loss) from gaming activities . . . ▶			0				
	10a	Gross sales of inventory, less returns and allowances . . . . .							
			a	24,095,605					
			b	Less cost of goods sold . . . . . b	15,385,640				
	c	Net income or (loss) from sales of inventory . . ▶			8,709,965		286,780	8,423,185	
	Miscellaneous Revenue		Business Code						
	11a								
b									
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . . ▶			0					
12	Total revenue. See Instructions . . . . . ▶			4,369,242,548	3,527,093,429	8,333,630	323,459,001		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . .



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	62,276,118	62,276,118		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	400,196,053	400,196,053		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	20,436,527	20,436,527		
<b>4</b>	Benefits paid to or for members . . . . .	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	10,009,055	1,000,905	7,006,339	2,001,811
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	4,079,179	4,079,179		
<b>7</b>	Other salaries and wages . . . . .	1,895,658,934	1,655,087,697	221,613,693	18,957,544
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	69,970,955	53,583,759	13,623,345	2,763,851
<b>9</b>	Other employee benefits . . . . .	409,973,384	356,676,844	45,097,072	8,199,468
<b>10</b>	Payroll taxes . . . . .	83,750,810	72,863,204	9,212,589	1,675,017
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	6,310,909	694,200	5,616,709	
<b>c</b>	Accounting . . . . .	1,278,914		1,278,914	
<b>d</b>	Lobbying . . . . .	274,893			274,893
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	1,409,407			1,409,407
<b>f</b>	Investment management fees . . . . .	36,367,458		36,367,458	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	197,732,020	172,026,856	21,750,524	3,954,640
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	43,431,003	37,784,972	4,777,411	868,620
<b>14</b>	Information technology . . . . .	41,508,781	36,112,640	4,565,966	830,175
<b>15</b>	Royalties . . . . .	5,290,906	5,290,906		
<b>16</b>	Occupancy . . . . .	100,031,573	87,027,469	11,003,473	2,000,631
<b>17</b>	Travel . . . . .	42,323,043	32,588,743	6,348,457	3,385,843
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	14,660,384	12,754,534	1,612,643	293,207
<b>20</b>	Interest . . . . .	82,128,172	82,128,172		
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	256,864,600	228,609,494	28,255,106	
<b>23</b>	Insurance . . . . .	44,519,998	42,650,158	1,602,719	267,121
<b>24</b>	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 O) . . . . .				
<b>a</b>	MAINTENANCE . . . . .	58,291,389	51,879,336	6,412,053	
<b>b</b>	SPONSORED RSRCH SUBCNTRCT . . . . .	15,370,272	15,370,272		
<b>c</b>	OTHER SUPPLIES . . . . .	49,843,332	49,843,332		
<b>d</b>	STUDENT AND CAMPUS SERVICES . . . . .	48,549,616	48,064,120	485,496	
<b>e</b>	All other expenses . . . . .	199,642,514	190,199,424	9,443,090	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	4,202,180,199	3,719,224,914	436,073,057	46,882,228
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☒

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	74,001,117	<b>1</b>	81,556,414
	<b>2</b>	Savings and temporary cash investments . . . . .	56,168,071	<b>2</b>	84,713,827
	<b>3</b>	Pledges and grants receivable, net . . . . .	1,079,560,184	<b>3</b>	978,679,314
	<b>4</b>	Accounts receivable, net . . . . .	418,610,244	<b>4</b>	409,184,175
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .	76,986,970	<b>7</b>	80,956,168
	<b>8</b>	Inventories for sale or use . . . . .	9,672,998	<b>8</b>	9,283,923
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	80,255,959	<b>9</b>	83,315,829
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 7,004,437,768		
	<b>b</b>	Less: accumulated depreciation . . . . .	10b 3,077,173,947		
			3,777,112,142	<b>10c</b>	3,927,263,821
	<b>11</b>	Investments—publicly traded securities . . . . .	1,878,027,000	<b>11</b>	1,351,910,352
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	5,051,670,500	<b>12</b>	5,183,350,902
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .	167,473,578	<b>15</b>	179,690,388	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,669,538,763	<b>16</b>	12,369,905,113	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	589,901,403	<b>17</b>	712,645,061
	<b>18</b>	Grants payable . . . . .	52,991,478	<b>18</b>	50,730,163
	<b>19</b>	Deferred revenue . . . . .	234,008,152	<b>19</b>	259,567,940
	<b>20</b>	Tax-exempt bond liabilities . . . . .	1,200,475,000	<b>20</b>	1,144,900,000
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	337,928,790	<b>23</b>	337,689,981
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b>	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 . . . . .	863,372,562	<b>25</b>	945,283,121
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,278,677,385	<b>26</b>	3,450,816,266
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .	3,035,585,863	<b>27</b>	2,745,219,057
	<b>28</b>	Temporarily restricted net assets . . . . .	3,421,937,658	<b>28</b>	3,036,969,344
	<b>29</b>	Permanently restricted net assets . . . . .	2,933,337,857	<b>29</b>	3,136,900,446
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	9,390,861,378	<b>33</b>	8,919,088,847
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	12,669,538,763	<b>34</b>	12,369,905,113

**Part XI**   **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	4,369,242,548
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	4,202,180,199
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	167,062,349
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	9,390,861,378
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-421,292,259
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-217,542,621
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,919,088,847

**Part XII**   **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: Cornell University

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Robert S Harnson ..... Chairman	2 0 ..... 0 0	X							0	0	0
David D Croll ..... Vice Chairman	2 0 ..... 0 0	X							0	0	0
Andrew H Tisch ..... Vice Chairman	2 0 ..... 0 0	X							0	0	0
Jan Rock Zubrow ..... Chairman of the Exec Comm	2 0 ..... 0 0	X							0	0	0
Michael I Kotlikoff ProvActing ..... Pres 2/19-4/24, Trustee	55 0 ..... 0 0	X		X					449,015	0	56,861
Andrew Cuomo ..... Trustee	2 0 ..... 0 0	X							0	0	0
Carl E Heastie ..... Trustee	2 0 ..... 0 0	X							0	0	0
Yamini Bhandari ..... Trustee	2 0 ..... 0 0	X							0	0	0
John J Flanagan ..... Trustee	2 0 ..... 0 0	X							0	0	0
Barbara A Baird ..... Trustee/Prof of Chemistry	55 0 ..... 0 0	X							251,010	0	47,642

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard A Baker ..... Trustee	2 0 ..... 0 0	X						0	0	0
Matthew L Biben ..... Trustee	2 0 ..... 0 0	X						0	0	0
Jessica M Bibliowicz ..... Trustee	2 0 ..... 0 0	X						0	0	0
Richard L Booth ..... Trustee	2 0 ..... 0 0	X						0	0	0
Douglas L Braunstein ..... Trustee	2 0 ..... 0 0	X						0	0	0
Mano Cilento ..... Trustee	2 0 ..... 0 0	X						0	0	0
Ezra Cornell ..... Trustee	2 0 ..... 0 0	X						0	0	0
Gary S Davis ..... Trustee	2 0 ..... 0 0	X						0	0	0
Nicole Bisagni DeToro ..... Trustee	2 0 ..... 0 0	X						0	0	0
Elizabeth C Everett ..... Trustee	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David R Fischell ..... Trustee	2 0 ..... 0 0	X						0	0	0
David M Einhorn ..... Trustee	2 0 ..... 0 0	X						0	0	0
Stephanie Keene Fox ..... Trustee	2 0 ..... 0 0	X						0	0	0
Thomas T Groos ..... Trustee	2 0 ..... 0 0	X						0	0	0
Patncia E Harns ..... Trustee	2 0 ..... 0 0	X						0	0	0
Kraig H Kayser ..... Trustee	2 0 ..... 0 0	X						0	0	0
Ruben J King-Shaw Jr ..... Trustee	2 0 ..... 0 0	X						0	0	0
Peggy J Koenig ..... Trustee	2 0 ..... 0 0	X						0	0	0
Robert S Langer Jr ..... Trustee	2 0 ..... 0 0	X						0	0	0
Linda R Macaulay ..... Trustee	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lowell C McAdam ..... Trustee	2 0 ..... 0 0	X						0	0	0
William H McAleer ..... Trustee	2 0 ..... 0 0	X						0	0	0
Ronald D McCray ..... Trustee	2 0 ..... 0 0	X						0	0	0
John F Megrue Jr ..... Trustee	2 0 ..... 0 0	X						0	0	0
Howard P Milstein ..... Trustee	2 0 ..... 0 0	X						0	0	0
Alan L Mittman ..... Trustee/Dir Workforce Policy	55 0 ..... 0 0	X						145,570	0	39,379
John A Noble ..... Trustee	2 0 ..... 0 0	X						0	0	0
Barbara Goldman Novick ..... Trustee	2 0 ..... 0 0	X						0	0	0
Peter J Nolan ..... Trustee	2 0 ..... 0 0	X						0	0	0
Annie D O'Toole ..... Trustee	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary John Miller ..... Trustee	2 0 ..... 0 0	X						0	0	0
Armando J Olivera ..... Trustee	2 0 ..... 0 0	X						0	0	0
Donald C Opatrny ..... Trustee	2 0 ..... 0 0	X						0	0	0
William D Perez ..... Trustee	2 0 ..... 0 0	X						0	0	0
Leland C Pillsbury ..... Trustee	2 0 ..... 0 0	X						0	0	0
Bruce S Raynor ..... Trustee	2 0 ..... 0 0	X						0	0	0
Gene D Resnick ..... Trustee	2 0 ..... 0 0	X						0	0	0
Susan T Rodrguez ..... Trustee	2 0 ..... 0 0	X						0	0	0
Meredith A Rosenberg ..... Trustee	2 0 ..... 0 0	X						0	0	0
Paul A Salvatore ..... Trustee	2 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Martin F Sheinman ..... Trustee	2 0 ..... 0 0	X						6,000	0	0
Dalia P Stiller ..... Trustee	2 0 ..... 0 0	X						0	0	0
Chiaki Tanuma ..... Trustee	2 0 ..... 0 0	X						0	0	0
Ratan N Tata ..... Trustee	2 0 ..... 0 0	X						0	0	0
Jonathan K Poe ..... Trustee	2 0 ..... 0 0	X						0	0	0
Michael A Troy ..... Trustee	2 0 ..... 0 0	X						0	0	0
Sheryl Hilliard Tucker ..... Trustee	2 0 ..... 0 0	X						0	0	0
M Eileen McManus Walker ..... Trustee	2 0 ..... 0 0	X						0	0	0
Padmasree Y Warnor ..... Trustee	2 0 ..... 0 0	X						0	0	0
Laura A Wilkinson ..... Trustee	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Manana F Wolfner ..... Trustee/Prof Molecular Bio	2 0 ..... 0 0	X						172,310	0	34,877
Craig Yunker ..... Trustee	2 0 ..... 0 0	X						0	0	0
Hunter R Rawlings III Interim ..... Pres (Began 4/25), Trustee	55 0 ..... 0 0	X		X				0	0	0
Karen P Zimmer ..... Trustee	2 0 ..... 0 0	X						0	0	0
Barton J Winokur ..... Trustee	2 0 ..... 0 0	X						0	0	0
Joanne M DeStefano ..... Exec VP and CFO	55 0 ..... 0 0			X				554,763	0	56,445
Elizabeth Garrett ..... President (Thru 2/18)	55 0 ..... 0 0			X				460,424	0	115,203
Laune H Glimcher Prov Dean ..... Weill Cornell Med (thru 5/31)	55 0 ..... 0 0			X				1,693,721	0	58,229
James J Mingle ..... Univ Counsel & Secretary	55 0 ..... 0 0			X				505,719	0	51,309
Augustine MK Choi Interim Provost ..... Dean W Cornell Med (from 6/1)	55 0 ..... 0 0			X				987,219	0	54,915

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Albert J Edwards ..... CIO (thru 3/31)	55 0 ..... 0 0				X			1,446,320	0	49,476
Daniel M Knowles MD ..... Chair & Professor of Pathology	55 0 ..... 0 0				X			1,903,260	0	79,129
Robert A Buhman ..... Sr VP for Research	55 0 ..... 0 0				X			396,795	0	42,395
Stephen M Cohen ..... Executive Vice Provost	55 0 ..... 0 0				X			1,036,929	0	79,377
Zev Rosenwaks MD ..... Prof Rprdc Med & infertility	55 0 ..... 0 0					X		6,294,195	0	70,055
Hey-Joo Kang MD ..... Prof Obs Gyn & Reproduct Med	55 0 ..... 0 0					X		3,885,998	0	57,144
Steven D Spandorfer MD ..... Prof Rprdc Med & infertility	55 0 ..... 0 0					X		3,506,559	0	71,087
Theodore Schwartz MD ..... Prof Rprdc Med & infertility	55 0 ..... 0 0					X		3,639,038	0	65,646
Philip E Steig Phd MD ..... Prof & Chrmn Dept Neur Surg	55 0 ..... 0 0					X		3,336,632	0	64,231
Rosemary J Avery ..... Fmr Trustee/Chair Dept Mgmt	55 0 ..... 0 0						X	314,988	0	51,398

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beth McKinney ..... Fmr Trustee/Dir Wellness Prgm	55 0 ..... 0 0						X	84,623	0	27,570
Harry Katz ..... Former Off /Interim Provost	55 0 ..... 0 0						X	551,837	0	72,455
Antonio M Gotto MD ..... Fmr Ofcr/Dean of WMC/Provost	55 0 ..... 0 0						X	2,842,320	0	6,070
Nelson G Hairston ..... Fmr Trustee/Prof Envrm Sci	55 0 ..... 0 0						X	184,690	0	38,754

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Cornell University

Employer identification number  
15-0532082

Part I

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

**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.**
- b

☐

**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.**
- 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.**
- d

☐

**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.**
- e

☐

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 . . . . .
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	672,276,000	478,613,388	842,647,482	584,510,026	510,356,488	3,088,403,384
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	41,188,766	41,084,578	40,454,003	40,937,796	43,677,665	207,342,808
4 Total. Add lines 1 through 3	713,464,766	519,697,966	883,101,485	625,447,822	554,034,153	3,295,746,192
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						123,315,644
6 Public support. Subtract line 5 from line 4						3,172,430,548

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	713,464,766	519,697,966	883,101,485	625,447,822	554,034,153	3,295,746,192
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,585,180	77,167,185	127,377,264	122,546,988	102,047,770	553,724,387
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						0
11 Total support. Add lines 7 through 10						3,849,470,579

12

Gross receipts from related activities, etc (see instructions)

12

15,176,221,007

13

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	82.412 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	83.531 %

- 16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**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 and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes.		
<b>5a</b> 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 was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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.		
<b>b</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.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

Part IV

Supporting Organizations (continued)

Section 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? <i>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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	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)? <i>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).</i>		

Section D. All 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> 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-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

**SCHEDULE C**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Cornell University	Employer identification number 15-0532082
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		610,562
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			610,562
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	THE UNIVERSITY DOES NOT PARTICIPATE DIRECTLY OR INDIRECTLY IN ANY POLITICAL CAMPAIGN AND REMINDS THE UNIVERSITY COMMUNITY, AT THE TIME OF ANY IMPORTANT LOCAL, STATE OR NATIONAL ELECTION, ABOUT THE PROHIBITION AGAINST UNIVERSITY PARTICIPATION. THE MESSAGE MAKES CLEAR THAT THIS PROHIBITION DOES NOT IN ANY WAY AFFECT AN INDIVIDUAL'S PERSONAL ACTIVITIES. THE UNIVERSITY DOES NOT DEEM IT NECESSARY TO ISSUE A FORMAL POLICY ON POLITICAL CAMPAIGN PROHIBITIONS THROUGH ITS POLICY OFFICE.
SCHEDULE C, PART II-B, LINE 1B	CORNELL'S LOBBYING EFFORTS WERE HANDLED THROUGH THE UNIVERSITY RELATIONS OFFICES LOCATED IN ALBANY AND WASHINGTON DC PRIMARILY BY FIVE REGISTERED LOBBYISTS. IN ADDITION, THROUGHOUT THE FISCAL YEAR ENDING JUNE 30, 2016, CORNELL EMPLOYEES AND STUDENTS LOBBIED IN ALBANY AND/OR WASHINGTON D C LOBBYING EFFORTS CENTERED ON HIGHER EDUCATION MATTERS, STATE AND FEDERAL BUDGETS, UNIVERSITY-BASED RESEARCH PROPOSALS, AND LEGISLATIVE BILLS AFFECTING CORNELL STUDENTS AND STAFF. CORNELL IS A PAYING MEMBER OF SEVERAL STATE AND FEDERAL ASSOCIATIONS THAT DO DIRECT LOBBYING AND PUBLIC ADVOCACY ON BEHALF OF PUBLIC AND PRIVATE NOT-FOR-PROFIT HIGHER EDUCATION, RESEARCH, COLLEGE ATHLETICS, AND UNIVERSITY OPERATIONS INCLUDING STUDENT HEALTH INSURANCE, ENERGY, AND FINANCIAL PLANNING. THE UNIVERSITY CONTRACTED WITH A LOBBYING FIRM IN NEW YORK CITY TO REPRESENT OUR INTERESTS RELATING TO THE CORNELL TECH CAMPUS BEFORE THE NEW YORK CITY GOVERNMENT.
SCHEDULE C, PART II-B, LINE 1G	CORNELL UNIVERSITY STAFF LOBBIED LEGISLATORS, STAFF AND GOVERNMENT OFFICIALS IN WASHINGTON, ALBANY, NEW YORK CITY, AND ITHACA DURING THE FISCAL YEAR ENDING JUNE 30, 2016. TOPICS INCLUDED STUDENT HEALTH INSURANCE, CONTRACTING PROCESSES, AGRICULTURE TESTING AND RESEARCH PROGRAMS, LABOR LAW TRAINING, ENVIRONMENTAL PROTECTION PROGRAMS, FUNDING FOR OPERATIONS AND FACILITIES, INCLUDING THE EXPANSION OF CORNELL'S VETERINARY COLLEGE FACILITY AND AN AGRICULTURAL SCIENCE RESEARCH LAB, STUDENT FINANCIAL AID PROGRAMS, CORNELL TECH CAMPUS LAND USE, U S D A FARM BILL, STUDENT LOAN INTEREST RATES, ECONOMIC DEVELOPMENT PROGRAMS, IMMIGRATION, GRADUATE MEDICAL EDUCATION, PATENT REFORM, SCIENCE AND TECHNOLOGY INITIATIVES, AND AGENCY RE-AUTHORIZATIONS.
SCHEDULE C, PART II-B, LINE 1I	IN ADDITION TO MEETING WITH GOVERNMENT OFFICIALS TO ADVANCE THE INTERESTS OF HIGHER EDUCATION IN GENERAL AND UNIVERSITY-BASED RESEARCH ACTIVITIES IN PARTICULAR, THE UNIVERSITY IS A MEMBER OF KEY ORGANIZATIONS THAT ALSO LOBBY ON BEHALF OF ISSUES AFFECTING HIGHER EDUCATION.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Cornell University

Employer identification number  
15-0532082

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ 187,614

(ii)

Assets included in Form 990, Part X

► \$ 76,416,569

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,883,517,457	5,744,869,444	5,140,214,516	4,799,313,766	4,928,070,000
b Contributions	184,454,650	241,117,041	162,578,975	142,698,495	107,392,000
c Net investment earnings, gains, and losses	-181,287,034	193,711,812	791,728,922	517,725,141	-9,223,000
d Grants or scholarships	55,359,166	51,080,905	81,084,751	77,885,532	30,500,080
e Other expenditures for facilities and programs	204,449,446	203,466,849	230,432,044	201,765,031	154,846,560
f Administrative expenses	42,678,675	41,633,086	38,136,174	39,872,323	49,269,360
g End of year balance	5,584,197,786	5,883,517,457	5,744,869,444	5,140,214,516	4,791,623,000

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

22 000 %

b

Permanent endowment

71 000 %

c

Temporarily restricted endowment

7 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		23,891,580		23,891,580
b Buildings		4,669,002,524	1,821,531,203	2,847,471,320
c Leasehold improvements		513,377,064	333,760,729	179,616,335
d Equipment		835,535,766	551,056,511	284,479,256
e Other		962,630,834	370,825,504	591,805,330
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,927,263,821

Schedule D (Form 990) 2015



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	3,809,214,031
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	284,957,703
e	Add lines 2a through 2d . . . . .	2e	284,957,703
3	Subtract line 2e from line 1 . . . . .	3	3,524,256,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	844,986,220
c	Add lines 4a and 4b . . . . .	4c	844,986,220
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	4,369,242,548

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	3,893,643,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	43,642,191
e	Add lines 2a through 2d . . . . .	2e	43,642,191
3	Subtract line 2e from line 1 . . . . .	3	3,850,001,124
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	352,179,075
c	Add lines 4a and 4b . . . . .	4c	352,179,075
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .	5	4,202,180,199

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	ART COLLECTION THE HERBERT F JOHNSON MUSEUM OF ART IS PARTICULARLY NOTED FOR ITS COLLECTION IN THE AREA OF ASIAN ART, 19TH AND 20TH CENTURY AMERICAN ART AND THE GRAPHIC ARTS THE COLLECTION IS USED FOR TEACHING, RESEARCH, AND PUBLIC OUTREACH THE MUSEUM'S CALENDAR OF EVENTS IS AVAILABLE ON ITS WEB SITE AND PROVIDES INFORMATION TO ENCOURAGE USE OF THE COLLECTION BY THE PUBLIC

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC 740) FOOTNOTE THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES ON RELATED INCOME PURSUANT TO THE APPROPRIATE SECTIONS OF THE INTERNAL REVENUE CODE IN ACCORDANCE WITH THE ACCOUNTING STANDARDS, THE UNIVERSITY EVALUATES ITS INCOME TAX POSITION EACH FISCAL YEAR TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT TO BE SUSTAINED IF EXAMINED BY THE APPLICABLE TAXING AUTHORITY THIS REVIEW HAD NO MATERIAL IMPACT ON THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS
SCHEDULE D, PART XI, LINE 2D	DECONSOLIDATION OF SUBSIDIARIES (\$ 54,528,244) INVESTMENT RETURN, NET OF AMOUNT (\$230,429,459) DISTRIBUTED ----- TOTAL (\$284,957,703) SCHEDULE D, PART XI, LINE 4B RECLASS OF FINANCIAL AID \$ 352,179,075 CAPITAL EXPENDITURES \$ 39,591,504 STATE APPROPRIATIONS \$ 41,604,012 RESTRICTED GIFTS \$ 212,197,502 PROGRAM SERVICES \$ 199,414,127 ----- TOTAL \$ 844,986,220
SCHEDULE D, PART XII, LINE 2D	DECONSOLIDATION OF SUBSIDIARIES \$ 43,642,191 ----- TOTAL \$ 43,642,191
SCHEDULE D, PART XII, LINE 4B	RECLASS OF FINANCIAL AID \$352,179,075

Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: Cornell University

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other		
(A) DOMESTIC EQUITIES	231,134,601	F
(B) FOREIGN EQUITIES	286,661,052	F
(C) HEDGED EQUITIES	629,454,872	F
(D) PRIVATE EQUITIES	1,122,073,872	F
(E) FIXED INCOME ASSET BACKED SEC	29,604,329	F
(F) FIXED INCOME CORPORATE BONDS	446,485,224	F
(G) FIXED INCOME EQUITY PSHIPS	478,516,893	F
(H) FIXED INCOME & MARKETABLE SEC	1,934,960,600	F

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Cornell University	Employer identification number 15-0532082
--	--

Part I

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

**Part II**   **Supplemental Information.**

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

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

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Cornell University

Employer identification number  
15-0532082

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	18	529			170,606,811
b Total from continuation sheets to Part I					976,504,628
c Totals (add lines 3a and 3b)	18	529			1,147,111,439

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Student Travel Grant/Fellowship	Central America and the Caribbean	9	24,575	CHECK/ACH		NONE	FMV
(2) Student Travel Grant/Fellowship	East Asia and the Pacific	24	266,764	CHECK/ACH		NONE	FMV
(3) Student Travel Grant/Fellowship	Europe (Including Iceland and Greenland)	111	290,689	CHECK/ACH		NONE	FMV
(4) Student Travel Grant/Fellowship	Middle East and North Africa	8	180,502	CHECK/ACH		NONE	FMV
(5) Student Travel Grant/Fellowship	North America	51	269,198	CHECK/ACH		NONE	FMV
(6) Student Travel Grant/Fellowship	Russia and the Newly Independent States	9	23,100	CHECK/ACH		NONE	FMV
(7) Student Travel Grant/Fellowship	South America	21	95,683	CHECK/ACH		NONE	FMV
(8) Student Travel Grant/Fellowship	South Asia	18	100,023	CHECK/ACH		NONE	FMV
(9) Student Travel Grant/Fellowship	Sub-Saharan Africa	33	227,816	CHECK/ACH		NONE	FMV
(10) Student Financial Aid	Central America and the Caribbean	15	120,765	CHECK/ACH		NONE	FMV
(11) Student Financial Aid	East Asia and the Pacific	56	1,480,413	CHECK/ACH		NONE	FMV
(12) Student Financial Aid	Europe (Including Iceland and Greenland)	248	4,090,518	CHECK/ACH		NONE	FMV
(13) Student Financial Aid	Middle East and North Africa	22	919,250	CHECK/ACH		NONE	FMV
(14) Student Financial Aid	North America	68	4,589,409	CHECK/ACH		NONE	FMV
(15) Student Financial Aid	Russia and the Newly Independent States	1	58,000	CHECK/ACH		NONE	FMV
(16) Student Financial Aid	South America	46	1,485,257	CHECK/ACH		NONE	FMV
(17) Student Financial Aid	South Asia	63	758,548	CHECK/ACH		NONE	FMV
(18) Student Financial Aid	Sub-Saharan Africa	85	5,456,016	CHECK/ACH		NONE	FMV

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☒

Yes

☐

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒

Yes

☐

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒

Yes

☐

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☒

Yes

☐

No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	<p>THE UNIVERSITY REVIEWS ALL INVOICES AND OTHER REQUIRED DOCUMENTATION FOR ACCURACY, APPROPRIATENESS OF THE EXPENDITURES IN COMPLIANCE WITH THE AWARD DOCUMENTS AND TIMELINESS OF SUBMISSION SCHEDULE F, PART I, LINE 3 COLUMN F THE AUDITED FINANCIAL STATEMENTS ARE PREPARED UNDER THE ACCRUAL METHOD ACCORDINGLY, THE REVENUE AND EXPENSES REPORTED IN THE FORM 990 AND ITS SUPPORTING SCHEDULES, INCLUDING THE FOREIGN EXPENDITURES REPORTED ON SCHEDULE F, PART I, LINE 2, COLUMN F, ARE REPORTED UNDER THE ACCRUAL METHOD</p>

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART III	THESE AMOUNTS INCLUDE SCHOLARSHIP, FELLOWSHIP, AND GRANT FUNDING PROVIDED TO STUDENTS WITH A COUNTRY OF CITIZENSHIP OUTSIDE OF THE U S FURTHER, EDUCATIONAL TRAVEL GRANTS PROVIDED TO INDIVIDUALS, REGARDLESS OF CITIZENSHIP, IS REPORTED IF THE PRIMARY DESTINATION WAS OUTSIDE OF THE UNITED STATES

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 15-0532082

**Name:** Cornell University

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		4	Program Services	Education & Research	19,000
East Asia and the Pacific	4	3	Program Services	Education & Research	230,122
Europe (Including Iceland and Greenland)	13	34	Program Services	Education & Research	2,001,549

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	1	471	Program Services	Education & Research	146,564,594
North America		1	Program Services	Education & Research	278,851
South America		3	Program Services	Education & Research	64,711

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia		10	Program Services	Education & Research	268,101
Sub-Saharan Africa		3	Program Services	Education & Research	743,356
Central America and the Caribbean			Grantmaking		145,340

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America			Grantmaking		4,858,607
Sub-Saharan Africa			Grantmaking		5,683,833
East Asia and the Pacific			Grantmaking		1,747,177

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		4,381,207
Middle East and North Africa			Grantmaking		1,099,752
Russia and the Newly Independent States			Grantmaking		81,100

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Grantmaking		1,580,940
South Asia			Grantmaking		858,571
East Asia and the Pacific			Program Services	Foreign Patent Expense	1,291,437

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Foreign Patent Expense	1,289,588
Middle East and North Africa			Program Services	Foreign Patent Expense	46,771
North America			Program Services	Foreign Patent Expense	132,751

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	Foreign Patent Expense	30,651
South America			Program Services	Foreign Patent Expense	78,663
South Asia			Program Services	Foreign Patent Expense	42,888

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Foreign Patent Expense	10,967
Central America and the Caribbean			Program Services	Research Sub-Contracts	2,294,432
East Asia and the Pacific			Program Services	Research Sub-Contracts	551,642

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Research Sub-Contracts	1,605,121
Middle East and North Africa			Program Services	Research Sub-Contracts	722,114
North America			Program Services	Research Sub-Contracts	3,200,360

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Research Sub-Contracts	1,393,563
Sub-Saharan Africa			Program Services	Research Sub-Contracts	5,603,040
Central America and the Caribbean			Investments		893,973,150

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		63,080,828
Central America and the Caribbean			Program Services	Medical Services	863,843
Europe (Including Iceland and Greenland)			Program Services	Fundraising	292,819

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Cornell University

Employer identification number  
15-0532082

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRENZENBACH GLIER AND ASSOCIATES 401 N Michigan Ave Ste 2800  chicago, IL 60611	Consulting		No		777,045	-777,045
2 JFM Group LLC 629 FIFTH AVE SUITE 106  PELHAM, NY 10805	EVNT MGMT SRVCS		No	2,952,431	36,760	2,915,671
3 Community Counseling Service 527 MADISON AVE 5TH FL  NEW YORK, NY 10022	Consulting		No		566,077	-566,077
4 Prased Communications and Research 20 SUTTON PLACE SOUTH  NEW YORK, NY 10022	Consulting		No		6,900	-6,900
5 Brian Chapman 211 W 79th st 4  new york, NY 10024	Consulting		No		22,625	-22,625
6 JAMIE KENCOICK ADVISORS 38 GRACE COURT  BROOKLYN, NY 11201	CONSULTING		No		12,000	-12,000
7						
8						
9						
10						
Total ▶				2,952,431	1,421,407	1,531,024

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		CABARET NIGHT (event type)	GREENBERG (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	2,952,431	452,200	176,905	3,581,536
	2 Less Contributions . . . . .	2,668,226	293,750	122,526	3,084,502
	3 Gross income (line 1 minus line 2) . . . . .	284,205	158,450	54,379	497,034
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	147,414		4,000	151,414
	7 Food and beverages . . . . .	161,600	152,390	11,340	325,330
	8 Entertainment . . . . .	399,480		250	399,730
	9 Other direct expenses . . . . .	834,028	66,718	72,661	973,407
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,849,881
	11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-1,352,847

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	A WRITTEN CONTRACT WAS MADE WITH JFM GROUP LLC TO MANAGE THE CABARET, A SIGNATURE ANNUAL FUNDRAISING EVENT FOR WEILL CORNELL MEDICAL COLLEGE BENEFITS SUPPORT ONGOING COSTS, INPATIENT CARE, RESEARCH, AND EDUCATION

Schedule G (Form 990 or 990-EZ) 2015

**Open to Public Inspection**

15-0532082

☐ Yes ☒ No

**(h) Purpose of grant or assistance**

Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) STUDENT FINANCIAL AID	14996	303,449,202		FMV	NONE

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART II	THE UNIVERSITY REPORTS ALL GRANT RECIPIENTS, INCLUDING SUB-GRANTEES, OF WHICH IT IS AWARE THIS INCLUDES SUB-RECIPIENT AWARDS, PRIMARILY FOR RESEARCH, TO GOVERNMENT AGENCIES, ORGANIZATIONS EXEMPT UNDER 501(C)(3) AND FOR-PROFIT ENTITIES FOR WHICH NO AUTHORITY FOR EXEMPTION IS PROVIDED SCHEDULE I, PART III CORNELL UNIVERSITY PROVIDED NEED-BASED FINANCIAL AID TOTALING \$303,449,202 TO APPROXIMATELY 14,996 STUDENTS IN THE FISCAL YEAR ENDING JUNE 30, 2016 IN ADDITION TO CORNELL ENDOWED SCHOLARSHIPS, ANNUAL GIFTS AND TUITION-FUNDED GRANTS OF \$273,924,668, THIS AMOUNT INCLUDES SCHOLARSHIPS AND GRANTS FROM FEDERAL, STATE, AND EXTERNAL SOURCES TOTALING \$29,524,534

Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: Cornell University

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE MEDICAL CENTER 22 BRAMHALL St SOUTH PORTLAND, ME 041023175	01-0238552	501(C)(3)	14,921		FMV		Other
Health & Wellness Education Center PO BOX 1247 LIVINGSTON, AL 35470	01-0550656	503(c)(3)	27,518		FMV		Research
UNIVERSITY OF MAINE SYSTEM ACTING 5717 CORBETT HALL ORONO, ME 044695717	01-6000769	501(C)(3)	282,771		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 037551404	02-0222111	501(C)(3)	192,404		FMV		Research
HUBBARD BROOK RESEARCH FOUNDATION PO BOX 282 NORTH WOODSTOCK, NH 03262	02-0474938	501(C)(3)	30,655		FMV		Research
UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD 2ND FL DURHAM, NH 03824	02-6000937	501(C)(3)	151,121		FMV		

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VERMONT 340 WATERMAN BLDG BURLINGTON, VT 05405	03-0179440	501(C)(3)	136,216		FMV		Research
NORTHEAST ORGANIC FARMING ASSOCIATION OF Ny 1423 HATHAWAY DRIVE FARMINGTON, NY 144258944	03-0259137	501(C)(3)	40,922		FMV		Research
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNIT HILL, MA 02467	04-2103545	501(C)(3)	10,605		FMV		

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST BOSTON, MA 02215	04-2103547	501(C)(3)	67,560		FMV		Research
COLLEGE OF THE HOLY CROSS 1 COLLEGE St WORCESTER, MA 01610	04-2103558	501(C)(3)	12,677		FMV		Research
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVE HC600 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	1,132,097		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	47,912		FMV		Other
WELLESLEY COLLEGE 106 CENTRAL St GRH139 WELLESLEY, MA 02481	04-2103637	501(C)(3)	50,941		FMV		
Beth Israel 1 DEACONESS ROAD BOSTON, MA 02215	04-2103881	503(c)(3)	66,111		FMV		Other

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOODS HOLE OCEANOGRAPHIC INST BELL HOUSE MS 39 WOODS HOLE, MA 02543	04-2105850	501(C)(3)	28,875		FMV		Research
TRUSTEES OF CLARK UNIVERSITY 950 MAIN St WORCESTER, MA 01610	04-2111203	501(C)(3)	18,005		FMV		Research
THIRD SECTOR NEW ENGLAND 89 SOUTH St ste 700 BOSTON, MA 02111	04-2261109	501(C)(3)	11,060		FMV		Other

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Dana Farber 44 BINNEY St BOSTON, MA 021156084	04-2263040	501(c)(3)	21,849		FMV		Research
Brigham & Womens Hospital PO BOX 3887 BOSTON, MA 02241	04-2312909	501(c)(3)	1,965,690		FMV		Research
Spaulding Rehabilitation Hospital 300 FIRST AVE CHARLESTOWN, MA 02129	04-2551124	501(c)(3)	129,302		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Massachusetts General Hospital PO BOX 3829 BOSTON,MA 02241	04-2697983	501(c)(3)	108,455		FMV		Research
Childrens Hospital Corporation 300 LONGWOOD AVE BOSTON,MA 02155	04-3085427	501(c)(3)	22,587		FMV		Research
UNIVERSITY OF MASSACHUSETTS AMHERST 70 BUTTERFIELD TERRACE 3003 S STE ST AMHERST,MA 010039242	04-3167352	MA	665,308		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE GENERAL HOSPITAL CORP 55 FRUITE St BOSTON, MA 02114	04-3230035	501(C)(3)	435,845		FMV		Research
Boston Medical Center 660 HARRISON AVE BOSTON, MA 02118	04-3314093	503(c)(3)	281,563		FMV		
Brigham & Womens Hospital 77 AVE LOUIS PASTEUR BOSTON, MA 02116	04-3466314	501(c)(3)	78,542		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON HOUSING AUTHORITY 52 CHAUNCEY St BOSTON, MA 02111	04-6001907	MA	8,437		FMV		Other
Regents Of The University Of Ca-Davis PO BOX 989062 WEST SACRAMENTO, CA 95798	04-7120084	CA	90,016		FMV		
Brown University 233 RICHMOND ST ste 140 PROVIDENCE, RI 02912	05-0258809	501(c)(3)	440,732		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD KINGSTON, RI 02881	05-6000522	501(C)(3)	37,278		FMV		Research
UNITED TECHNOLOGIES CORPORATION 411 SILVER LANE EAST HARTFORD, CT 06108	06-0570975	-	17,848		FMV		Research
WESLEYAN UNIVERSITY FINANCE AND ADMINISTRATION 237 HIGH MIDDLETOWN, CT 06459	06-0646959	501(C)(3)	56,580		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YALE UNIVERSITY 214 WHITNEY AVE ROOM 230 NEW HAVEN, CT 065208337	06-0646973	501(C)(3)	615,426		FMV		Research
UNIVERSITY OF CONNECTICUT (UCONN) 438 WHITNEY RD EXT STORRS, CT 062691133	06-0772160	501(C)(3)	52,392		FMV		Research
HISPANIC HEALTH COUNCIL INC 175 MAIN ST HARTFORD, CT 06106	06-1018979	501(C)(3)	35,416		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Whitehead Institute 9 Cambridge Center Cambridge, MA 02142	06-1043412	501(c)(3)	74,577		FMV		Research
PROTON ENERGY SYSTEMS INC 10 TECHNOLOGY DRIVE WALLINGFORD,CT 06492	06-1461988	-	49,014		FMV		Research
THE CT AGRICULTURAL EXPERIMENT STATION 123 HUNTINGTON St BOX 1106 NEW HAVEN,CT 065041106	06-6032987	CT	91,161		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
North Shore LIJ Health System 1129 NORTHERN BLVD 302 MANHASSET, NY 11030	11-1562701	503(c)(3)	17,748		FMV		Research
COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	466,687		FMV		Research
RESOURCES FOR CHILDREN WsPECIAL NEEDS INC 116 EAST 16TH ST 5TH FL NEW YORK, NY 10003	11-2594790	501(C)(3)	431,447		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
North Shore LIJ 350 COMMUNITY DRIVE MAHASSETT, NY 11030	11-2673595	503(c)(3)	10,000		FMV		Research
Kaiser Foundation Research Institute 1800 HARRISON St 16TH fl OAKLAND, CA 946123433	11-3191685	501(c)(3)	80,976		FMV		Research
CORNELL COOPERATIVE EXT ASSOC SUFFOLK CTY 423 GRIFFING AVE 100 RIVERHEAD, NY 119013071	11-6081424	501(C)(3)	149,241		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Hospital For Special Surgery 535 EAST 70TH St NEW YORK, NY 10021	13-1624135	501(c)(3)	253,674		FMV		Research
Rockefeller University 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(c)(3)	587,854		FMV		Research
SLOAN KETTERING INSTITUTE FOR CANCER RSRCH 1275 YORK AVE NEW YORK, NY 10065	13-1624182	501(C)(3)	551,996		FMV		Research

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Albert Einstein College Of Medicine 1301 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(c)(3)	300,208		FMV		Research
BOYCE THOMPSON INSTITUTE FOR PLANT RESEARCH 100 BOYCE THOMPSON TOWER RD ITHACA, NY 14853	13-1739923	501(C)(3)	1,427,270		FMV		Research
Memorial Sloan Kettering GENERAL POST OFFICE NEW YORK, NY 10087	13-1924236	501(c)(3)	4,229,423		FMV		Research

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DOMINICAN COLLEGE 470 WESTERN HIGHWAY ORANGEBURG, NY 10962	13-1967322	501(C)(3)	8,957		FMV		Research
THE RESEARCH FDN OF THE CITY UNIV OF NY 230 WEST 41ST St NEW YORK, NY 10036	13-1988190	NY	693,864		FMV		Research
New York City Health And Hospitals 160 WATER St NEW YORK, NY 10038	13-2655001	503(c)(3)	24,838		FMV		Research

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GREENMARKET (GNMK) 51 CHAMBERS St ROOM 228 NEW YORK, NY 10007	13-2765465	501(C)(3)	16,978		FMV		
Winifred Masterson Burke 785 MAMARONECK AVE WHITE PLAINS, NY 10605	13-3434928	501(c)(3)	55,852		FMV		Research
Mettler-Toledo Rainin LLC 7500 EDGEWATER DRIVE OAKLAND, CA 946210060	13-3668641	N/A	5,587		FMV		Research

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Biomedical Research Alliance Of New 1981 MARCUS AVE LAKE SUCCESS, NY 11042	13-3999590	N/A	24,876		FMV		Research
NYU School Of Medicine 522 FIRST AVE NEW YORK, NY 10016	13-5562308	501(c)(3)	454,422		FMV		Research
Mount Sinai Beth Israel 150 EAST 42ND St NEW YORK, NY 10017	13-5564934	501(c)(3)	137,485		FMV		Research

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THE MARY IMOGENE BASSETT HOSPITAL ONE ATWELL ROAD COOPERSTOWN, NY 133261394	13-5596796	501(C)(3)	43,317		FMV		Research
COLUMBIA UNIVERSITY 615 WEST 131 St MC, NY 100277922	13-5598093	501(C)(3)	1,260,089		FMV		Research
Icahn School Of Medicine ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(c)(3)	555,644		FMV		Research

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NYC DEPARTMENT OF EDUCATION DISTRICT 75 400 FIRST AVE NEW YORK, NY 10010	13-6400434	NY	147,250		FMV		
GE Global Research ONE RESEARCH CIRCLE NISKAYUNA, NY 12309	14-0689340	N/A	382,314		FMV		Research
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	11,378		FMV		Research

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UNION COLLEGE 807 UNION ST SCHENECTADY, NY 12308	14-1338580	501(C)(3)	11,782		FMV		Research
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH St TROY, NY 12180	14-1340095	501(C)(3)	30,134		FMV		Research
THE RESEARCH FDN OF THE CITY UNIV OF NY PO BOX 9 ALBANY, NY 12207	14-1368361	501(C)(3)	840,255		FMV		Research

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Research Fdn For Mental Hygiene Inc 150 BROADWAY MENANDS,NY 12204	14-1410842	501(c)(3)	360,228		FMV		Research
THE ARC OF RENSSALAER COUNTY 79 102ND ST TROY,NY 12180	14-1485873	NY	50,402		FMV		Research
CITY SCHOOL DISTRICT OF ALBANY 1 ACADEMY PARK ALBANY,NY 12207	14-1537912	NY	88,624		FMV		Research

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BARD COLLEGE PO BOX 5000 30 CAMPUS DR ANNANDALEONHUDSON,NY 125045000	14-1713034	501(C)(3)	6,710		FMV		Research
Clinical Directors Network Inc 5 W 37TH St NEW YORK,NY 10018	14-1717344	501(c)(3)	255,704		FMV		Research
ULSTER COUNTY BOCES 175 ROUTE 32 NORTH NEW PALTZ,NY 12561	14-6003939	501(C)(3)	93,035		FMV		Other

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CITY SCHOOL DISTRICT OF SCHENECTADY 108 EDUCATION DRIVE SCHENECTADY, NY 12303	14-6004188	NY	118,834		FMV		Research
CORNELL COOPERATIVE EXT ASSOC ALBANY COUNTY 24 MARTIN RD PO BOX 497 VOORHEESVILLE, NY 121860497	14-6036881	501(C)(3)	47,125		FMV		Other
CORNELL COOPERATIVE EXT ASSOC DUTCHESS CTY 2715 US ROUTE 44 1 MILLBROOK, NY 125455566	14-6036882	501(C)(3)	6,700		FMV		Other

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CORNELL COOPERATIVE EXT ASSOC CLINTON CTY 6064 ROUTE 22 5 PLATTSBURGH, NY 129019601	14-6036885	501(C)(3)	45,954		FMV		Research
CORNELL COOP EXT ASSOC COLUMBIA & GREENE 6055 ROUTE 23 ACRA, NY 12405	14-6036887	501(C)(3)	38,320		FMV		Other
CORNELL COOPERATIVE EXT ASSOC ORANGE COUNTY 18 SEWARD AVE 300 MIDDLETOWN, NY 109402499	14-6036889	501(C)(3)	27,491		FMV		Research

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CORNELL COOPERATIVE EXT ASSOC ULSTER COUNTY 232 PLAZA ROAD KINGSTON, NY 124012928	14-6036893	501(C)(3)	64,700		FMV		Research
CORNELL COOP EXT ASSOC ST LAWRENCE CTY 2403B STATE HIGHWAY 68 CANTON, NY 136174411	14-6037202	501(C)(3)	7,001		FMV		Other
CORNELL COOPERATIVE EXT ASSOC FRANKLIN CTY 355 WEST MAIN St 150 MALONE, NY 129531826	14-6037203	501(C)(3)	36,760		FMV		Other

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COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 133461398	15-0532078	501(C)(3)	5,497		FMV		
SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	596,644		FMV		Other
ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 148507000	15-0532204	501(C)(3)	14,485		FMV		Research

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CLARKSON UNIVERSITY 8 CLARKSON AVE PO BOX 5630 POTSDAM, NY 136995630	15-0543659	501(C)(3)	11,435		FMV		Research
PALEONTOLOGICAL RESEARCH INSTITUTION 1259 TRUMANSBURG ROAD ITHACA, NY 14850	15-0554849	501(C)(3)	49,045		FMV		Research
WAYNE CTY SOIL & WATER CONSERV DISTRICT 10 LEACH ROAD LYONS, NY 14489	15-6001423	NY	21,733		FMV		Other

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OSWEGO CTY SOIL & WATER CONSERV DISTRICT 3105 STATE ROUTE 3 FULTON, NY 13069	15-6002510	NY	12,750		FMV		Other
ROCHESTER INSTITUTE OF TECHNOLOGY 141 LOMB BUILDING ROCHESTER, NY 146235608	16-0743140	501(C)(3)	10,000		FMV		Research
UNIVERSITY OF ROCHESTER 515 HYLAN BLDG RC BOX 270140 ROCHESTER, NY 146270140	16-0743209	501(C)(3)	163,436		FMV		Research

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CITY OF NIAGARA FALLS CITY SCHOOL DISTRICT 630-66TH ST NIAGARA FALLS, NY 14304	16-6001929	NY	48,987		FMV		Research
CORNELL COOPERATIVE EXT ASSOC BROOME COUNTY 840 UPPER FRONT St BINGHAMTON, NY 139054500	16-6072872	501(C)(3)	187,393		FMV		Other
CORNELL COOPERATIVE EXT ASSOC CORTLAND CTY 60 CENTRAL AVE ROOM 105 CORTLAND, NY 130452746	16-6072877	501(C)(3)	17,295		FMV		Other

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CORNELL COOPERATIVE EXT ASSOC ERIE COUNTY 21 SOUTH GROVE St EAST AURORA, NY 14052	16-6072879	501(C)(3)	83,553		FMV		Other
CORNELL COOPERATIVE EXT ASSOC JEFFERSON CTY 203 NORTH HAMILTON St WATERTOWN, NY 136012948	16-6072882	501(C)(3)	25,577		FMV		Research
CORNELL COOPERATIVE EXT ASSOC MADISON CTY PO BOX 1209 EATON ST MORRISVILLE, NY 134081209	16-6072885	501(C)(3)	73,869		FMV		

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CORNELL COOPERATIVE EXT ASSOC MONROE COUNTY 249 HIGHLAND AVE ROCHESTER, NY 14620	16-6072886	501(C)(3)	7,063		FMV		Other
CORNELL COOPERATIVE EXT ASSOC ONONDAGA CTY 100 S SALINA St SYRACUSE, NY 132021045	16-6072889	501(C)(3)	5,531		FMV		Other
CORNELL COOPERATIVE EXT ASSOC TOMPKINS CTY 615 WILLOW AVE ITHACA, NY 14850	16-6072897	501(C)(3)	38,045		FMV		Other

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CORNELL COOPERATIVE EXT ASSOC WAYNE COUNTY 1581 NYS ROUTE 88N NEWARK, NY 145139739	16-6072898	501(C)(3)	15,519		FMV		Other
CORNELL COOPERATIVE EXT ASSOC YATES COUNTY 417 LIBERTY St PENN YAN, NY 14527	16-6072900	501(C)(3)	18,929		FMV		Research
FL INSTITUTE FOR HUMAN & MACHINE COGNITION 40 S ALCANIZ St PENSACOLA, FL 32502	20-0760849	501(C)(3)	14,353		FMV		Research

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Institute For Ethnomedicine Po Box 3464 Jackson, WY 83001	20-1829529	501(c)(3)	58,392		FMV		Research
Hebrew Home At Riverdale 5901 PALISADE AVE RIVERDALE, NY 10471	20-4352212	501(c)(3)	56,745		FMV		Research
Brighttree Home Health And Hospice 1735 NORTH BROWN ROAD LAWRENCEVILLE, GA 30043	20-4450365	N/A	42,673		FMV		Research

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Cvpath Institute Inc 19 FIRSTFIELD ROAD GAITHERSBURG, MD 20878	20-4903376	501(c)(3)	12,980		FMV		
Bronx Rhio Inc 2275 OLINVILLE AVE BRONX, NY 10467	20-5721976	503(c)(3)	30,000		FMV		Research
Washington Heights Corner Project I 566 WEST 181ST St 2ND fl NEW YORK, NY 10033	20-8672015	503(c)(3)	11,500		FMV		Research

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THE TRUSTEES OF PRINCETON UNIVERSITY PO BOX 36 PRINCETON,NJ 08544	21-0634501	501(C)(3)	271,524		FMV		Research
WINGS OF EAGLES DISCOVERY CENTER 339 DANIEL ZENKER DRIVE HORSEHEADS,NY 148451008	22-2462926	501(C)(3)	493,436		FMV		Research
STARBRIDGE SERVICES INC 1650 SOUTH AVE ROCHESTER,NY 14620	22-2702285	501(C)(3)	103,500		FMV		Other

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Celgene Corporation 400 CONNELL DRIVE BERKELY HEIGHTS, NJ 07922	22-2711928	N/A	93,750		FMV		Research
PARENT NETWORK OF THE CAPITAL REGION 1190 TROY-SCHENECTADY RD LATHAM, NY 12110	22-2717094	501(C)(3)	506,727		FMV		Research
BUFFALO NIAGARA RIVERKEEPER 721 MAIN St BUFFALO, NY 14203	22-2993054	501(C)(3)	24,482		FMV		Other

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UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD KINGSTON, RI 02881	22-3011455	501(C)(3)	21,435		FMV		Research
CARY INSTITUTE OF ECOSYSTEM STUDIES BOX AB 2801 SHARON TURNPIKE MILLBROOK, NY 125450129	22-3232968	501(C)(3)	82,753		FMV		Research
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 088543925	22-6001086	NJ	1,355,376		FMV		Research

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Childrens Hospital Of Philadelphia LOCKBOB 1457 PHILADELPHIA, PA 19178	23-1352166	501(c)(3)	351,875		FMV		
DREXEL UNIVERSITY 3201 ARCH St 100 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	109,289		FMV		Research
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT St PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	572,399		FMV		Research

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Temple University 1801 NORTH BROAD St PHILADELPHIA, PA 19122	23-1365971	501(c)(3)	17,378		FMV		
Fred Hutchinson 1100 FAIRVIEW AVE N J6-330 SEATTLE, WA 98109	23-7156071	501(c)(3)	36,012		FMV		Research
NORTH AMERICAN ASSOC FOR ENVIRONMENTAL EDU 2000 P ST NW 540 WASHINGTON, DC 20036	23-7158061	501(C)(3)	1,226,553		FMV		Other

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 10708	23-7223216	501(C)(3)	10,000		FMV		Research
PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER BLDG UNIVERSITY PARK, PA 168027000	24-6000376	501(C)(3)	722,589		FMV		Research
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	123,882		FMV		Research

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CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	48,713		FMV		Research
PA ASSOC FOR SUSTAINABLE AGRICUTLURE (PASA) PO BOX 419 MILLHEIM, PA 16854	25-1685497	501(C)(3)	11,045		FMV		
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-1686269	501(C)(3)	233,551		FMV		Research

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Stickk 39 E30TH St NEW YORK, NY 10016	26-0622510	N/A	45,000		FMV		
KOKUA CONTRACTING AND PROJECT MANAGEMENT 77-6441 KUAKINI HWY 101 KAILUAKONA, HI 96740	26-0764795	-	30,087		FMV		Research
American Joint Replacement Registry 9400 WEST HIGGINS ROAD ROSEMONT, IL 60018	27-0645591	501(c)(3)	23,229		FMV		Research

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NANORACKS LLC 555 FORGE RIVER ROAD ste 120 WEBSTER, TX 77598	27-1127667	-	5,805		FMV		
Univ Of Cincinnati Medical Center LLC PO BOX 932641 CINCINNATI, OH 44193	31-1479038	501(c)(3)	48,254		FMV		
DONALD DANFORTH PLANT SCIENCE CENTER 975 NORTH WARSON ROAD ST LOUIS, MO 63132	31-1584621	501(C)(3)	66,333		FMV		

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BATTELLE MEMORIAL INSTITUTE 505 KING AVE COLUMBUS, OH 432012696	31-4379427	GOVT	72,682		FMV		Research
CENTER FOR SCIENCE AND INDUSTRY (COSI) 333 WEST BROAD St COLUMBUS, OH 43215	31-4383802	501(C)(3)	30,898		FMV		
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 432101063	31-6025986	OH	543,680		FMV		Research

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The Research Institute At Nationwide PO BOX 781653 DETROIT, MI 48278	31-6056230	501(c)(3)	55,513		FMV		Research
Ohio State University Research Foundation 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	503(c)(3)	179,724		FMV		Research
MIAMI UNIVERSITY 500 E HIGHT ST 102 ROUDEBUSH HALL OXFORD, OH 450563653	31-6402089	501(C)(3)	38,122		FMV		Research

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PLANETARY SCIENCE INSTITUTE 1700 E FT LOWELL ste 106 TUCSCON,AZ 85719	33-0175263	501(C)(3)	59,657		FMV		Research
Scire-Southern California Institute 5901 E SEVENTH St LONG BEACH,CA 908225201	33-0331855	501(c)(3)	269,064		FMV		Research
Scripps Research Institute 10550 NORTH TORREY PINES RD LA JOLLA,CA 92037	33-0435954	501(c)(3)	863,385		FMV		Research

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Cleveland Clinic Foundation 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(c)(3)	29,530		FMV		
COLLEGE OF WOOSTER 1189 BEALL AVE WOOSTER, OH 446912393	34-0714654	501(C)(3)	50,572		FMV		
THE TRUSTEES OF INDIANA UNIVERSITY 509 EAST 3RD St BLOOMINGTON, IN 474013654	35-6001673	501(C)(3)	11,508		FMV		

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PURDUE UNIVERSITY 401 SOUTH GRANT St WEST LAFAYETTE, IN 479072024	35-6002041	501(C)(3)	228,208		FMV		
INTERNATIONAL CITYCOUNTY MANAGEMENT ASSOC 777 N CAPITOL St NE 500 WASHINGTON, DC 20002	36-2167755	501(C)(3)	40,278		FMV		
North Western University 750 N LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(c)(3)	138,447		FMV		Research

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UNIVERSITY OF CHICAGO 6030 S ELLIS AVE ROOM 114 CHICAGO, IL 60637	36-2177139	501(C)(3)	186,443		FMV		
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616250313	37-0861494	501(C)(3)	27,375		FMV		
THE BOARD OF TRUSTEES OF THE UNIV OF IL 1901 S 1ST St STE A CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	370,065		FMV		Research

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MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD ROOM 2 E LANSING, MI 488241046	38-6005984	501(C)(3)	561,428		FMV		Research
REGENTS OF THE UNIVERSITY OF MICHIGAN ROOM 1056 3003 S STATE ST ANN ARBOR, MI 481091274	38-6006309	MI	572,894		FMV		Research
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 532011181	39-0806251	501(C)(3)	5,483		FMV		Research

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University Of Wisconsin Preschool Lab 21 NPARK St MADISON, WI 53715	39-1805963	503(c)(3)	99,299		FMV		Research
BOARD OF REGENTS OF UNIV OF WI SYS-MADISON 21 NORTH PARK St 6401 MADISON, WI 53715	39-6006492	501(C)(3)	318,567		FMV		Research
BOARD OF REGENTS OF UNIV OF WI SYS-MADISON 21 NORTH PARK St 6401 MADISON, WI 53715	39-6028867	501(C)(3)	484,205		FMV		Research

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SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST PAUL, MN 55102	41-0706172	501(C)(3)	5,446		FMV		Research
Mayo Foundation 200 FIRST St RM 1437 ROCHESTER, MN 55905	41-1937751	501(c)(3)	19,289		FMV		Research
THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK St SE 450 MINNEAPOLIS, MN 554552070	41-6007513	501(C)(3)	1,280,817		FMV		Research

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Mayo Clinic Health Letter PO BOX 9302 BIG SANDY, TX 757559301	41-6011702	503(c)(3)	22,869		FMV		Research
IOWA STATE UNIVERSITY 1138 PEARSON AMES, IA 500112207	42-6004224	501(C)(3)	780,651		FMV		Research
UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242	42-6004813	501(C)(3)	49,689		FMV		Research

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THE WASHINGTON UNIVERSITY CAMPUS BOX 1034 ST LOUIS, MO 631121408	43-0653611	501(C)(3)	494,150		FMV		Research
THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 652111230	43-6003859	501(C)(3)	330,719		FMV		Research
TRUMAN STATE UNIVERSITY 105 MCCLAIN HALL KIRKSVILLE, MO 635014221	43-6005833	501(C)(3)	64,939		FMV		Research

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NORTHERN PLAINS SUSTAINABLE AGRICULTURE SOC PO BOX 194 100 1ST AVE SW LAMOURE,ND 58458	45-0423762	501(C)(3)	30,175		FMV		
Healthix Inc 40 WORTH St NEW YORK,NY 10013	45-0553664	501(c)(3)	10,975		FMV		Research
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK St OAKLAND,CA 94607	45-3138892	501(C)(3)	7,689		FMV		Research

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MOOG PLANT 24 SENECA St AND JAMISON ROAD EAST AURORA, NY 14052	45-3302264	-	17,647		FMV		Research
CCAT OBSERVATORY INC 508 SPACE SCIENCES BUILDING ITHACA, NY 148536801	45-4104640	501(C)(3)	544,000		FMV		Research
ORGANIC GROWERS 1124 COUNTRY RD 38 BRAINBRIDGE, NY 13733	45-4134508	501(C)(3)	58,446		FMV		Research

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AUDIENCE VIEWPOINTS CONSULTING 13148 ROUNDING RUN CIRCLE HERNDON, VA 20171	45-5500148	-	6,619		FMV		Research
NORTH DAKOTA STATE UNIVERSITY DEPT 4000 PO BOX 6050 FARGO, ND 581056050	45-6002439	501(C)(3)	247,520		FMV		Research
Rutgers The State University 225 WARREN St NEWARK, NJ 071033535	46-2354111	NJ	1,126,695		FMV		Research

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GRAPHIKA INC 116 W 23RD ST 5TH FL NEW YORK, NY 10011	46-4386048	-	204,426		FMV		Research
SOUTH DAKOTA STATE UNIVERSITY ADMIN 133 BOX 2201 BROOKINGS, SD 57007	46-6000364	501(C)(3)	238,455		FMV		Research
UNIVERSITY OF NEBRASKA 2009 VINE ST PO BOX 830861 LINCOLN, NE 685880430	47-0049123	NE	79,933		FMV		Research

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Creighton University 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(c)(3)	45,419		FMV		Research
DOANE COLLEGE 1014 BOSWELL AVE CRETE, NE 68333	47-0377991	501(C)(3)	40,373		FMV		
Univ Of Kansas Center For Research Inc 2385 IRVING HILL ROAD LAWRENCE, KS 66044	48-0680117	501(c)(3)	31,147		FMV		Research

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KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL MANHATTAN, KS 665061103	48-0771751	501(C)(3)	70,905		FMV		Research
ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	33,849		FMV		Research
NEIGHBORHOOD LEGAL SERVICES INC 237 MAIN St 400 BUFFALO, NY 142032794	51-0198935	501(C)(3)	25,931		FMV		Research

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DELAWARE STATE UNIVERSITY 1200 N DUPONT HIGHWAY DOVER, DE 19901	51-0305893	501(C)(3)	41,782		FMV		Research
CELLANA LLC 73-4460 QUEEN KAAHUMANU HWY 127 KAILUAKONA, HI 96740	51-0658850	-	11,659		FMV		Research
UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK, DE 197161551	51-6000297	501(C)(3)	18,524		FMV		Research

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JOHNS HOPKINS UNIV APPLIED PHYSICS LAB LLC 11100 JOHN HOPKINS ROAD LAUREL, MD 20723	52-0595110	501(C)(3)	1,835,752		FMV		Research
AMERICAN BIRD CONSERVANCY (ABC) PO BOX 249 THE PLAINS, VA 20198	52-1501259	501(C)(3)	9,744		FMV		Research
J CRAIG VENTER INSTITUTE 9704 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850	52-1842938	501(C)(3)	125,653		FMV		Research

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UNIVERSITY OF MARYLAND EASTERN SHORE 11868 ACADEMIC OVAL PRINCESS ANNE, MD 21853	52-6002033	501(C)(3)	616,688		FMV		Research
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE WASHINGTON, DC 200168066	53-0196549	501(C)(3)	139,118		FMV		Research
GEORGE WASHINGTON UNIVERSITY STE 601 2121 EYE ST WASHINGTON, DC 200520086	53-0196584	501(C)(3)	11,116		FMV		Research

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GEORGETOWN UNIVERSITY 37TH AND O ST NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	80,302		FMV		Research
US GEOLOGICAL SURVEY US DEPT-INTERIOR 2255 NORTH GEMINI DR FLAGSTAFF, AZ 86001	53-0196958	FEDERAL	372,716		FMV		Research
THOMAS JEFFERSON NAT ACCELERATOR FACILITY 12000 JEFFERSON AVE NEWPORT NEWS, VA 23606	53-0197074	VA	71,864		FMV		Research

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HOWARD UNIVERSITY 525 BRYANT ST WASHINGTON,DC 20059	53-0204707	501(C)(3)	50,726		FMV		Research
NAT INSTITUTE OF STANDARDS & TECHNOLOGY 325 BROADWAY BOULDER,CO 80305	53-0205706	FEDERAL	134,499		FMV		Research
SMITHSONIAN INSTITUTION (SMITH) PO BOX 37012 MRC 1205 WASHINGTON,DC 200137012	53-0206027	501(C)(3)	40,000		FMV		Research

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Evidera Inc 7101 WISCONSIN AVE ste 600 BETHESDA, MD 20814	54-1759539	N/A	230,740		FMV		Research
THE COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLAMSBURG, VA 23187	54-6001718	501(C)(3)	23,883		FMV		Research
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 229044195	54-6001796	501(C)(3)	49,296		FMV		Research

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VA POLYTECHNIC INSTITUTE & STATE UNIVERSITY ste 4200 300 TURNER St NW BLACKSBURG, VA 24060	54-6001805	501(C)(3)	56,150		FMV		Research
WV UNIVERSITY RESEARCH CORPORATION 886 CHESTNUT RIDGE RD PO BOX 6845 MORGANTOWN, WV 265066845	55-0665758	501(C)(3)	96,502		FMV		Research
Duke University PAYMENT PROCESSING CENTER CHARLOTTE, NC 28260	56-0532129	501(c)(3)	140,906		FMV		Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL INSTITUTE OF STATISTICAL SCIENCES PO BOX 14006 RESEARCH TRIANGLE PARK, NC 27709	56-1746337	501(C)(3)	20,555		FMV		Research
NC AGRICULTURAL & TECHNOLOGY STATE UNIV 1601 EAST MARKET St GREENSBORO, NC 27411	56-6000007	501(C)(3)	31,124		FMV		Research
NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR 240 RALEIGH, NC 276957514	56-6000756	501(C)(3)	614,562		FMV		Research

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University Of NC at Chapel Hill 104 AIRPORT DRIVE ste 2200 CHAPEL HILL, NC 275991350	56-6001393	NC	839,451		FMV		Research
University Of NC At Greensboro PO BOX 26170 GREENSBORO, NC 27402	56-6001468	NC	29,850		FMV		Research
UNIVERSITY OF NORTH CAROLINA ASHEVILLE 313B OWEN HALL CPO 1830 ASHVILLE, NC 28804	56-6002370	501(C)(3)	6,464		FMV		Research

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CLEMSON UNIVERSITY 300 BRACKETT HALL CLEMSON, SC 296345702	57-6000254	501(C)(3)	28,713		FMV		Research
Medical University Of South Carolina MSC 323 CHARLESTON, SC 29425	57-6000722	SC	154,637		FMV		
Emory University 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(c)(3)	165,418		FMV		Research

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GEORGIA TECH RESEARCH CORPORATION 505 TENTH St NW ATLANTA,GA 303320420	58-0603146	501(C)(3)	812,740		FMV		Research
UNIVERSITY OF GA RESEARCH FOUNDATION INC 310 E CAMPUS RD TUCKER HALL ROOM 40 ATHENS,GA 306025016	58-1353149	501(C)(3)	121,655		FMV		Research
UNIVERSITY OF GA RESEARCH FOUNDATION INC 310 E CAMPUS RD TUCKER HALL ROOM 40 ATHENS,GA 306025016	58-6001998	501(C)(3)	62,493		FMV		Research

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University Of Miami PO BOX 405803 MIAMI, FL 30384	59-0624458	501(c)(3)	261,784		FMV		Research
UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PWY 501 ORLANDO, FL 32826	59-2924021	501(C)(3)	43,460		FMV		Research
University Of Florida 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	FL	135,897		FMV		Research

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OREGON STATE UNIVERSITY A312 KERR ADMINISTRATION BUILDING CORVALIS, OR 973312140	61-1730890	501(C)(3)	215,606		FMV		Research
University Of Kentucky Research 109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	501(c)(3)	18,901		FMV		Research
Vanderbilt University Medical DEPT AT 40379 ATLANTA, GA 31192	62-0476822	501(c)(3)	235,034		FMV		Research

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UNIVERSITY OF TENNESSEE 2621 MORGAN CIRCLE DR KNOXVILLE, TN 379964530	62-6001636	501(C)(3)	67,332		FMV		Research
Cardiology Associates Of Mobile Inc 3715 DAUPHIN St ste 4400 MOBILE, AL 33608	63-0889615	N/A	8,000		FMV		Research
AUBURN UNIVERSITY 310 SAMFORD HALL AUBURN UNIVERSITY, AL 368495131	63-6000724	501(C)(3)	80,991		FMV		Research

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ALABAMA A&M UNIVERSITY 105 PATTON BLDG NORMAL, AL 35762	63-6001097	501(C)(3)	140,624		FMV		Research
UNIVERSITY OF ALABAMA 701 20TH ST S BIRMINGHAM, AL 352940111	63-6005396	501(C)(3)	130,653		FMV		Research
MISSISSIPPI STATE UNIVERSITY 449 HARDY ROAD PO BOX 6156 MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	12,906		FMV		Research

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EDU INC 6900-29 DANIELS PARKWAY FORT MYERS, FL 33912	65-0434251	-	15,000		FMV		Other
UNIVERSITY OF THE VIRGIN ISLANDS 2 JOHN BREWERS BAY ST THOMAS, VI 008029998	66-0432514	501(C)(3)	7,661		FMV		Research
UNIVERSITY OF ARKANSAS 1125 W MAPLE St FAYETTEVILLE, AR 72701	71-6003252	501(C)(3)	32,575		FMV		Research

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USDA-ARS 950 COLLEGE STATION ROAD ATHENS,GA 30604	72-0564834	FEDERAL	1,404,432		FMV		Research
SCI-PORT LOUISIANA'S SCIENCE CENTER 820 CLYDE FANT PARKWAY SHREVEPORT,LA 71101	72-1136273	501(C)(3)	24,714		FMV		Research
OKLAHOMA CITY UNIVERSITY 2501 N BLACKWELDER OKLAHOMA CITY,OK 73106	73-0579265	501(C)(3)	6,787		FMV		

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Oklahoma Medical Research 825 NE 13TH St OKLAHOMA CITY, OK 73104	73-0580274	501(c)(3)	106,863		FMV		Research
THE UNIVERSITY OF TEXAS 101 E 27TH St A9000 AUSTIN, TX 787137153	74-0230239	501(C)(3)	314,161		FMV		Research
The Methodist Hospital Foundation PO BOX 4384 HOUSTON, TX 77210	74-1180155	501(c)(3)	25,749		FMV		Research

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National Jewish Health 1400 JACKSON St DENVER, CO 80205	74-2044647	501(c)(3)	12,566		FMV		Research
THE AZ BOARD OF REGENTS UNIVERSITY OF AZ PO BOX 210158 TUCSON, AZ 857210158	74-2652689	501(C)(3)	158,894		FMV		Research
University Of Texas At Austin 24 GUADALAUPE AUSTIN, TX 787137398	74-6000203	TX	407,827		FMV		Research

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TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKWY S 300 COLLEGE STATION, TX 77845	74-6000531	501(C)(3)	89,046		FMV		Research
Texas A & M Agrilife Research 2147 TAMU COLLEGE STATION, TX 77843	74-6000541	TX	143,987		FMV		Research
University Of Texas MD Anderson 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	TX	60,828		FMV		Research

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SOUTHERN METHODIST UNIVERSITY PO BOX 750302 DALLAS, TX 752750302	75-0800689	501(C)(3)	77,359		FMV		Research
THE UNIVERSITY OF TEXAS AT DALLAS 800W CAMPBELL RD AD15 RICHARDSON, TX 75080	75-1305568	501(C)(3)	8,154		FMV		Research
QORVO TEXAS LLC 500 WEST RENNER ROAD RICHARDSON, TX 75080	75-2740940	-	259,039		FMV		Research

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IQE RF LLC 265 DAVIDSON AVE 141 SOMERSET, NJ 08873	75-2982632	-	128,063		FMV		Research
TEXAS TECH UNIVERSITY 203 HOLDEN HALL LUBBOCK, TX 794091035	75-6002622	501(C)(3)	7,935		FMV		Research
Univ of Texas Southwestern Med Center 5323 HARRY HINES BLVD DALLAS, TX 75235	75-6002868	TX	12,714		FMV		Research

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WEST TEXAS A&M UNIVERSITY 2501 FOURTH AVE CANYON, TX 790160001	75-6031405	501(C)(3)	14,950		FMV		Research
New York Genome Center Inc 101 AVE OF THE AMERICAS NEW YORK, NY 10013	80-0631734	501(c)(3)	418,262		FMV		Research
SATHGURU INC 88 BROAD St BOSTON, MA 02110	80-0664005	-	1,457,218		FMV		Research

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MONTANA STATE UNIVERSITY 309 MONTANA HALL BOZEMAN, MT 59717	81-6010045	501(C)(3)	248,404		FMV		Research
UNIVERSITY OF IDAHO 875 PERIMETER DRIVE MS 3020 MOSCOW, ID 838443020	82-6000945	501(C)(3)	280,969		FMV		Research
UNIV CORPORATION FOR ATMOSPHERIC RESEARCH PO BOX 3000 BOULDER, CO 80307	84-0412668	501(C)(3)	35,747		FMV		Research

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ROCKY MOUNTAIN BIRD OBSERVATORY 14500 Lark Bunting Lane Brighton, CO 80603	84-1079882	501(C)(3)	17,922		FMV		Research
COLORADO STATE UNIVERSITY 601 SOUTH HOWES ST FORT COLLINS, CO 805232002	84-6000545	CO	623,289		FMV		Research
THE REGENTS OF THE UNIVERSITY OF COLORADO 572 UCB BOULDER, CO 803090574	84-6000555	501(C)(3)	297,439		FMV		Research

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SOUTHWEST SCIENCES INCORPORATED (SSI) 1570 PACHECO St ste E-11 SANTA FE, NM 87505	85-0340320	-	49,375		FMV		Research
University Of New Mexico 1 UNIVERSITY OF NM ALBUQUERQUE, NM 87131	85-6000642	NM	53,940		FMV		Research
AZ BOARD OF REGENTS - AZ STATE UNIV PO BOX 876011 TEMPE, AZ 852876011	86-0196696	501(C)(3)	236,341		FMV		Research

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ENVIRONMENTAL EDUCATION EXCHANGE 738 N 5TH AVE 100 TUCSON, AZ 85705	86-0682018	501(C)(3)	34,416		FMV		Other
BRIGHAM YOUNG UNIVERSITY A-285 ASB CAMPUS DRIVE PROVO, UT 846021231	87-0217280	501(C)(3)	15,495		FMV		Research
Methodist Hospital PO BOX 4805 HOUSTON, TX 77210	87-0721923	501(c)(3)	183,044		FMV		Research

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University Of Utah 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	UT	99,179		FMV		Research
HONEYBEE ROBOTICS LTD 63 FLUSHING AVE UNIT 150 BROOKLYN, NY 11205	88-0193033	-	128,679		FMV		Research
HYDROACOUSTIC TECHNOLOGY INCORPORATED 715 NE NORTHLAKE WAY SEATTLE, WA 981056429	91-1397519	-	12,960		FMV		Research

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WASHINGTON STATE UNIVERSITY NEILL HALL ROOM 423 PULLMAN, WA 991643140	91-6001108	501(C)(3)	456,895		FMV		Research
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 981959472	91-6001537	WA	373,767		FMV		Research
UNIVERSITY OF ALASKA - ANCHORAGE 3211 PROVIDENCE DR-DPL 101 ANCHORAGE, AK 995084614	92-6000147	501(C)(3)	27,259		FMV		Research

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REED COLLEGE 3203 SE WOODSTOCK BOULEVARD PORTLAND,OR 972028199	93-0386908	501(C)(3)	86,942		FMV		Research
OREGON MUSEUM OF SCIENCE AND INDUSTRY 1945 SE WATER AVE PORTLAND,OR 97214	93-0402877	501(C)(3)	19,696		FMV		Research
MALIN SPACE SCIENCE SYSTEMS (MSSS) PO BOX 910148 SAN DIEGO,CA 921910148	93-1046372	-	13,413		FMV		Research

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SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE SAN FRANCISCO, CA 941321722	93-1137247	501(C)(3)	63,574		FMV		Research
Oregon Health & Science University 3181 W SAM JACKSON PARK ROAD PORTLAND, OR 972393098	93-1176109	501(c)(3)	42,106		FMV		Research
Kaiser Foundation Research Institute 1800 HARRISON St OAKLAND, CA 94612	94-1105628	501(c)(3)	12,494		FMV		Research

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THE BOARD OF TRUSTEES- LELAND STANFORD JR UN 3160 PORTER DRIVE PALO ALTO, CA 943048445	94-1156365	501(C)(3)	790,097		FMV		Research
Regents Of The Univ Of Ca Santa Cruz 1156 HIGH St SANTA CRUZ, CA 950641077	94-1539563	CA	36,704		FMV		Research
SETI INSTITUTE 189 BERNARDO A MOUNTAIN VIEW, CA 940432172	94-2951356	501(C)(3)	56,178		FMV		Research

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Lawrence Berkeley National Laboratory DEPT 34240 SAN FRANCISCO, CA 94139	94-2951741	CA	276,772		FMV		Research
Northern California Institute 4150 CLEMENT St 151 NC SAN FRANCISCO, CA 94121	94-3084159	501(c)(3)	159,700		FMV		Research
REGENTS OF THE UNIVERSITY OF CALIFORNIA 2150 SHATTUCK AVE 313 BERKELEY, CA 947205940	94-6002123	501(C)(3)	397,117		FMV		Research

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Regents Of Univ Of Ca San Francisco PO BOX 0812 SAN FRANCISCO, CA 941430622	94-6036493	503(c)(3)	40,681		FMV		
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DR 300 DAVIS, CA 956186153	94-6036494	501(C)(3)	944,845		FMV		
USC Cancer Center 1441 EASTLAKE AVE LOS ANGELES, CA 90033	95-1642394	501(c)(3)	195,379		FMV		

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	47,358		FMV		
Cedars Sinai Medical Center 6500 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1644600	501(c)(3)	91,759		FMV		
REGENTS OF THE UNIVERSITY OF CA-SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 920930934	95-2872494	501(C)(3)	222,672		FMV		

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PVHMC Foundation 1798 N GAREY AVE POMONA, CA 91767	95-3403287	501(c)(3)	14,459		FMV		
REGENTS OF THE UNIVERSITY OF CALIFORNIA ORA-OCGA/11000 KINROSS AVE 211 LOS ANGELES, CA 900951406	95-6006143	501(C)(3)	134,707		FMV		
REGENTS OF THE UNIVERSITY OF CALIFORNIA ROOM 3227 CHEADLE HALL SANTA BARBARA, CA 931062050	95-6006145	501(C)(3)	215,054		FMV		

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF HAWAII 2440 CAMPUS RD BOX 368 HONOLULU, HI 968222234	99-6000354	501(C)(3)	123,878		FMV		
LUND UNIVERSITY BOX 117 SE-220 00 LUND, GA 00000	98-0632142	501(C)(3)	85,436		FMV		

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Cornell University

Employer identification number  
15-0532082

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in 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	Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
<b>3</b> 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b> For persons listed on 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	Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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 on 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND 2	PAYMENT OR REIMBURSEMENT OF THE EXPENSES DESCRIBED IN 1A IS COVERED BY THE UNIVERSITY'S TRAVEL POLICIES OR SPECIFIC EMPLOYMENT CONTRACTS AND INCLUDES THE UNIVERSITY'S IMPLEMENTATION OF AN ACCOUNTABLE PLAN. THERE IS OCCASIONALLY UNIT DISCRETION. THE UNIVERSITY PROVIDED THE EXPENSES LISTED IN SCHEDULE J, PART I, LINE 1A TO ELIZABETH GARRETT, PRESIDENT AND LAURIE GLIMCHER, DEAN AND PROVOST OF MEDICAL AFFAIRS. ADDITIONALLY, A HOUSING ALLOWANCE WAS PROVIDED TO ANTONIO GOTTO. WHERE BENEFITS ARE TAXABLE, SUCH AMOUNTS ARE INCLUDED AS TAXABLE WAGES ON THEIR RESPECTIVE FORMS W-2.
SCHEDULE J, PART I, LINE 4B	INTERIM PRESIDENT, HUNTER RAWLINGS, PARTICIPATES IN A BOARD AUTHORIZED DEFERRED COMPENSATION AGREEMENT UNDER IRC SECTION 457(F). NO AMOUNTS WERE PAID TO THE PRESIDENT UNDER THE IRC SECTION 457(F) PLAN DURING 2015. PAYMENTS BEGIN UPON CONCLUSION OF SERVICE WITH THE UNIVERSITY AND MUST BE FULLY PAID OR OTHERWISE FORFEITED IN NO MORE THAN 5 YEARS.
SCHEDULE J, PART I, LINE 7	BONUS PAYMENTS ARE PROVIDED TO INDIVIDUALS IN RECOGNITION OF ACCOMPLISHMENTS OF SPECIFIC GOALS OR OVERALL PERFORMANCE.
ADDITIONAL INFORMATION ON BOARD OF TRUSTEES	THE CORNELL BOARD INCLUDES FACULTY, STAFF AND STUDENTS. FACULTY MEMBERS ELECT TWO (2) MEMBERS, THE STUDENT BODY ELECTS TWO (2) MEMBERS, THE 'EMPLOYEE ASSEMBLIES' ELECT ONE (1) MEMBER.
SCHEDULE J, PART II, COLUMN B (III)	OTHER REPORTABLE COMPENSATION REPORTED ON SCHEDULE J IS MADE UP OF ONE, OR A VARIETY OF THE FOLLOWING ITEMS: EMPLOYEE 457(B) OR 403(B) CONTRIBUTIONS, ITEMS LISTED IN 1A OF PART I OF SCHEDULE J, BONUSES, OR SUPPLEMENTAL WAGES. DANIEL M. KNOWLES, MD, ZEV ROSENWAKS, MD, STEVEN D. SPANDORFER, MD, THEODORE SCHWARTZ, MD, AUGUSTINE MK CHOI, AND PHILIP E. STEIG MD, ALL RECEIVE SUPPLEMENTAL INCOME FOR THEIR WORK AND SUPPORT IN PATIENT CARE AND OTHER GENERAL HOSPITAL FUNCTIONS.
SCHEDULE J, PART II, COLUMNS C AND D	CORNELL UNIVERSITY PROVIDES A WIDE VARIETY OF BENEFITS TO ITS EMPLOYEES. BENEFITS ARE TREATED AS A NON-TAXABLE BENEFIT, A PRE-TAX EMPLOYEE DEDUCTION, A POST-TAX EMPLOYEE DEDUCTION, OR OTHERWISE RECORDED AS TAXABLE INCOME. CORNELL CONTRIBUTES ON BEHALF OF THE EMPLOYEE TAX-FREE FOR A PORTION OF THEIR HEALTH, DENTAL, AND LIFE INSURANCE. EMPLOYEES CONTRIBUTE TO THOSE BENEFITS ON A PRE-TAX BASIS, ALONG WITH OTHER BENEFITS SUCH AS VISION, A FLEXIBLE SPENDING ACCOUNT, DEPENDENT GROUP LIFE INSURANCE, AND RETIREMENT ACCOUNTS.

Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: Cornell University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Michael I Kotlikoff ProvActn Pres 2/19-4/24, Trustee	(i)	430,234	3,716	15,065	51,771	5,090	505,876	0
	(ii)	0	0	0	0	0	0	0
1Barbara A Baird Trustee/Prof of Chemistry	(i)	191,010	0	60,000	25,596	22,046	298,652	0
	(ii)	0	0	0	0	0	0	0
2Alan L Mittman Trustee/Dir Workforce Policy	(i)	144,870	0	700	15,220	24,159	184,949	0
	(ii)	0	0	0	0	0	0	0
3Manana F Wolfner Trustee/Prof Molecular Bio	(i)	157,185	0	15,125	17,726	17,151	207,187	0
	(ii)	0	0	0	0	0	0	0
4Joanne M DeStefano Exec VP and CFO	(i)	483,978	23,883	46,902	39,255	17,190	611,208	0
	(ii)	0	0	0	0	0	0	0
5Elizabeth Garrett President (Thru 2/18)	(i)	458,583	0	1,841	26,500	88,703	575,627	0
	(ii)	0	0	0	0	0	0	0
6Harry Katz Former Off /Interim Provost	(i)	545,015	0	6,822	47,706	24,749	624,292	0
	(ii)	0	0	0	0	0	0	0
7Laune H Glimcher Prov Dean Weill Cornell Med (thru 5/31)	(i)	799,038	0	894,683	36,075	22,154	1,751,950	0
	(ii)	0	0	0	0	0	0	0
8James J Mingle Univ Counsel & Secretary	(i)	429,937	20,338	55,444	26,500	24,809	557,028	0
	(ii)	0	0	0	0	0	0	0
9Albert J Edwards CIO (thru 3/31)	(i)	944,287	502,033	0	26,000	23,476	1,495,796	0
	(ii)	0	0	0	0	0	0	0
10Daniel M Knowles MD Chair & Professor of Pathology	(i)	455,792	0	1,447,468	36,075	43,054	1,982,389	0
	(ii)	0	0	0	0	0	0	0
11Robert A Buhrman Sr VP for Research	(i)	378,795	0	18,000	26,500	15,895	439,190	0
	(ii)	0	0	0	0	0	0	0
12Stephen M Cohen Executive Vice Provost	(i)	1,010,143	0	26,786	36,075	43,302	1,116,306	0
	(ii)	0	0	0	0	0	0	0
13Zev Rosenwaks MD Prof Rprdc Med & infertility	(i)	334,734	0	5,959,461	36,075	33,980	6,364,250	0
	(ii)	0	0	0	0	0	0	0
14Hey-Joo Kang MD Prof Obs Gyn & Reproduct Med	(i)	92,697	0	3,793,301	25,575	31,569	3,943,142	0
	(ii)	0	0	0	0	0	0	0
15Steven D Spandorfer MD Prof Rprdc Med & infertility	(i)	104,015	0	3,402,544	36,075	35,012	3,577,646	0
	(ii)	0	0	0	0	0	0	0
16Theodore Schwartz MD Prof Rprdc Med & infertility	(i)	253,252	0	3,385,786	31,020	34,626	3,704,684	0
	(ii)	0	0	0	0	0	0	0
17Philip E Steig Phd MD Prof & Chmn Dept Neur Surg	(i)	356,685	0	2,979,947	36,075	28,156	3,400,863	0
	(ii)	0	0	0	0	0	0	0
18Antonio M Gotto MD Fmr Ofcr/Dean of WMC/Provost	(i)	23,725	0	2,818,595	0	6,070	2,848,390	2,818,595
	(ii)	0	0	0	0	0	0	0
19Rosemary J Avery Fmr Trustee/Chair Dept Mgmt	(i)	237,266	0	77,722	38,505	12,893	366,386	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Nelson G Hairston Fmr Trustee/Prof Envmm Sci	(i)	182,096	0	2,594	18,413	20,341	223,444	0
	(ii)	0	0	0	0	0	0	0
1Beth McKinney Fmr Trustee/Dir Wellness Prgm	(i)	84,623	0	0	8,806	18,764	112,193	0
	(ii)	0	0	0	0	0	0	0
Augustine MK Choi Interim 2Provos Dean W Cornell Med (from 6/1)	(i)	348,254	0	638,965	36,075	18,840	1,042,134	0
	(ii)	0	0	0	0	0	0	0

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Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization  
Cornell University

Employer identification number  
15-0532082

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A TCIDA (SERIES 2008A 70 MILLION PAR)	16-1214039	890099EQ3	06-23-2010	75,307,598	REFUND 2008 BONDS (1/30/2008)		X		X		X
B DASNY (SERIES 1990B - 5045 MILLION PAR)	14-6000293	649905ZH2	05-03-2010	55,997,134	REFUND 1990 BONDS (12/19/1990)		X		X		X
C DASNY (SERIES 2004A&B - 921 MILLION PAR)	14-6000293	64983TRF2	05-27-2004	92,100,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
D DASNY (SERIES 2016A - 12585 MILLION PAR)	14-6000293	64990BG49	05-17-2016	153,651,986	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II

Proceeds

					A	B	C	D				
1	Amount of bonds retired . . . . .				9,115,000	16,175,000	23,350,000	0				
2	Amount of bonds legally defeased . . . . .				0	0	0	0				
3	Total proceeds of issue . . . . .				75,307,598	55,997,134	92,663,883	153,651,986				
4	Gross proceeds in reserve funds . . . . .				0	0	0	0				
5	Capitalized interest from proceeds . . . . .				0	0	0	0				
6	Proceeds in refunding escrows . . . . .				0	0	0	0				
7	Issuance costs from proceeds . . . . .				520,432	0	842,345	660,938				
8	Credit enhancement from proceeds . . . . .				0	0	0	0				
9	Working capital expenditures from proceeds . . . . .				0	0	0	0				
10	Capital expenditures from proceeds . . . . .				0	0	50,376,296	0				
11	Other spent proceeds . . . . .				74,787,166	55,997,134	41,445,242	152,991,048				
12	Other unspent proceeds . . . . .				0	0	0	0				
13	Year of substantial completion . . . . .				2010	2010	2006	2016				
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .				X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . .					X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X		X	

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X				X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .			X				X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X				X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X				X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . . .		X				X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X				X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %		0 %				0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X				X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X				X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X	X			X	X	
c	No rebate due? . . . . .	X			X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2008a	PART IV, QUESTION 2 ARBITRAGE REBATE COMPUTATION COMPLETED 9/12/2012

Return Reference	Explanation
SERIES 1990B	PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED PART IV, QUESTION 2 SERIES 1990B BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

Return Reference	Explanation
SERIES 2004A&B	PART I (F) REFUNDED 1998 TAX EXEMPT COMMERCIAL PAPER (\$40,805,000) AND FINANCED NEW PROJECTS PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 7/24/2007

Return Reference	Explanation
SERIES 2016A	PART I (F) REFUNDED 2006 DASNY BONDS (ISSUES 5/11/2006) PART IV, QUESTION 2 SERIES 2016A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

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As Filed Data -

DLN: 93493130020997

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Cornell University

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

15-0532082

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DASNY (2009A - 305 MILLION PAR)	14-6000293	649905DC7	04-22-2009	312,100,133	SEE SUPPLEMENTAL INFORMATION		X		X		X
B DASNY (SERIES 2010A - 285000000)	14-6000293	649905R99	06-09-2010	301,560,097	SEE SUPPLEMENTAL INFORMATION		X		X		X
C DASNY CP PROGRAM (MAY 122011 TAX CERTIFICATE)	14-6000293	64983L000	05-12-2011	59,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
D DASNY (SERIES 2008B&C - 127785 MILLION PAR)	14-6000293	649905A97	05-03-2010	139,688,300	REFUNDED 2008 DASNY BONDS		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired . . . . .		30,050,000		0		6,110,000		15,550,000
2 Amount of bonds legally defeased . . . . .		0		0		0		0
3 Total proceeds of issue . . . . .		312,520,924		301,900,097		59,000,038		139,688,300
4 Gross proceeds in reserve funds . . . . .		0		0		0		0
5 Capitalized interest from proceeds . . . . .		16,444,611		29,036,727		0		0
6 Proceeds in refunding escrows . . . . .		0		0		0		0
7 Issuance costs from proceeds . . . . .		2,307,605		2,113,328		0		770,300
8 Credit enhancement from proceeds . . . . .		0		0		0		0
9 Working capital expenditures from proceeds . . . . .		0		0		0		0
10 Capital expenditures from proceeds . . . . .		141,571,634		218,375,984		17,845,038		0
11 Other spent proceeds . . . . .		152,197,074		52,374,058		41,155,000		138,918,000
12 Other unspent proceeds . . . . .		0		0		0		0
13 Year of substantial completion . . . . .		2011		2014		2013		2010
14 Were the bonds issued as part of a current refunding issue? . . . .	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue? . . . .		X		X		X		X
16 Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %				0 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X		X		X	X	
c	No rebate due? . . . . .	X		X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2009A	PART I (F) REFUND \$150 MILLION OF TAX-EXEMPT CP AND FINANCE CAPITAL PROJECTS PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 4/30/2012

Return Reference	Explanation
SERIES 2010A	PART I (F) REFUNDED \$50 MILLION OF TAXABLE DEBT AND FINANCED CONSTRUCTION OF A MEDICAL BUILDING PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 7/31/2012

Return Reference	Explanation
1998 TAX- EXEMPT COMMERCIAL PAPER	PART I (F) REFUNDED TAX EXEMPT COMMERCIAL PAPER (\$6,155,000) AND REFUNDED TAXABLE COMMERCIAL PAPER (\$35,000,000) PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 5/12/2013

Return Reference	Explanation
SERIES 2008 B&C	PART I (F) REFUND 2008 DASNY BONDS (ISSUED APRIL 10, 2008) PART IV, QUESTION 2 SERIES 2008 REFUNDED EXISTING BONDS WITH NO NEW MONEY COMPONENT EXEMPT FROM ARBITRAGE REBATE CALCULATION

Schedule K  
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Cornell University

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

15-0532082

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dasny (Series 2000A&B - 10113 million par)	14-6000293		12-16-2015	101,130,000	See Supplemental information		X		X		X
B TCIDA (series 2002A - 35765 million par)	16-1214039		01-20-2016	35,765,000	See supplemental information		X		X		X

Part II Proceeds											
						A		B		C	
1 Amount of bonds retired . . . . .						5,110,000		1,720,000			
2 Amount of bonds legally defeased . . . . .						0		0			
3 Total proceeds of issue . . . . .						101,130,000		35,765,000			
4 Gross proceeds in reserve funds . . . . .						0		0			
5 Capitalized interest from proceeds . . . . .						0		0			
6 Proceeds in refunding escrows . . . . .						0		0			
7 Issuance costs from proceeds . . . . .						0		0			
8 Credit enhancement from proceeds . . . . .						0		0			
9 Working capital expenditures from proceeds . . . . .						0		0			
10 Capital expenditures from proceeds . . . . .						0		0			
11 Other spent proceeds . . . . .						101,130,000		35,765,000			
12 Other unspent proceeds . . . . .						0		0			
13 Year of substantial completion . . . . .						2016		2016			
						Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . .						X		X			
15 Were the bonds issued as part of an advance refunding issue? . . . .							X		X		
16 Has the final allocation of proceeds been made? . . . . .						X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .						X		X			

Part III Private Business Use									
					A		B		
					Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .								
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .								

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X				
b	Exception to rebate? . . . . .	X		X					
c	No rebate due? . . . . .		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider . . . . .	0		0					
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b>	Name of provider . . . . .	0		0					
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2000A&B	PART I (F) REFUNDED 2000A&B DASNY BONDS (ISSUED 3/28/2000) PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED PART IV, QUESTION 2 SERIES 2000A&B BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

Return Reference	Explanation
SERIES 2002A	PART I (F) REFUNDED 2002A TCIDA BONDS (ISSUED 2/14/2002) PART III THE PRE- 2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED PART IV, QUESTION 2 SERIES 2002A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION PART VI NOTE ON TAX EXEMPT BONDS WITH THE IMPLEMENTATION OF THE MIXED USE RULES, THE UNIVERSITY HAS SEEN A REDUCTION IN REPORTABLE PRIVATE USE DUE TO UNIVERSITY EQUITY AND GIFTS



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) First Reserve Funds	Trustee-Macaulay	148,084	Distribution to Univ		No
(2) Peter Destefano	Officer-Spouse	76,282	compensation		No
(3) SB Ashley Management	Former Trustee-Ashley	2,834,162	Rent and Management		No
(4) Robin Davisson	Former Officer-Spouse	19,218	Compensation		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M

(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization Cornell University	Employer identification number 15-0532082
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Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	54	2,540,335	Appraisal
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,509,553	Appraisal
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	1,269	35,275,744	Appraisal
10 Securities—Closely held stock . . . . .	X	15,089	19,498,601	Appraisal
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .	X	220	2,176	Appraisal
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	X	1	120,000	Appraisal
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	1	1,035	Appraisal
20 Drugs and medical supplies . . . . .	X	1	6,500	Appraisal
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )	See Additional Data			
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	34
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**   **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 15-0532082  
**Name:** Cornell University

### Part I, Types of Property, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ► ( Computers )	X	6	151,266	Appraisal
Other ► ( Musical Equipment )	X	3	110,769	Appraisal
Other ► ( Non-Capital Equipmt )	X	40	3,260,221	Appraisal
Other ► ( Horses )	X	39	136,531	Appraisal
Other ► ( Software )	X	1	13,425,061	Appraisal
Other ► ( Capital )	X	6	237,868	Appraisal

**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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
Cornell University**Employer identification number**

15-0532082

**Return  
Reference****Explanation**FORM 990,  
PART III, LINE  
1

ORGANIZATION'S MISSION THE MISSION OF CORNELL UNIVERSITY IS TO PROVIDE UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREE PROGRAMS, TO DISCOVER, PRESERVE, AND DISSEMINATE KNOWLEDGE, PRODUCE CREATIVE WORK, AND PROMOTE A CULTURE OF BROAD INQUIRY THROUGHOUT AND BEYOND THE UNIVERSITY COMMUNITY CORNELL ALSO AIMS, THROUGH PUBLIC SERVICE, TO ENHANCE THE LIVES AND LIVELIHOODS OF STUDENTS, THE CITIZENS OF NEW YORK STATE, AND OTHERS AROUND THE WORLD

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>DESCRIPTION OF OTHER PROGRAM SERVICES AND CORNELL TECH IN NEW YORK CITY THE UNIVERSITY HAS A SIGNIFICANT INTERNATIONAL EDUCATIONAL PRESENCE, INCLUDING WEILL CORNELL MEDICAL COLLEGES CAMPUS IN DOHA, QATAR DURING THE FISCAL YEAR 2016, THE UNIVERSITY GRANTED THE FOLLOWING DEGREES UNDERGRADUATE (3,758), MASTERS (2,541), PHD, JSD, DMA (497), JD (183), DVM (98), AND MD (139) FORM 990, PART III, LINE 4D DESCRIPTION OF OTHER PROGRAM SERVICES OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE, BUT ARE NOT LIMITED TO, CORNELL'S LAND-GRANT MISSION, ACADEMIC CONFERENCES, PUBLICATIONS, AND ROOM AND BOARD FOR STUDENTS FORM 990, PART VI, LINE 1A EXECUTIVE COMMITTEE ARTICLE II OF THE BY-LAWS PROVIDES THAT THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIRPERSON AND VICE CHAIRPERSONS OF THE BOARD, THE PRESIDENT OF THE UNIVERSITY, AND THE CHAIRPERSONS OF THE TWO BOARD OF OVERSEERS, EACH EX OFFICIO, TOGETHER WITH TRUSTEES AND EMERITUS TRUSTEES TO BE ELECTED BY THE BOARD DURING THIS REPORTING YEAR, ALL MEMBERS OF THE EXECUTIVE COMMITTEE WERE TRUSTEES THE EXECUTIVE COMMITTEE IS AUTHORIZED TO (I) REVIEW THE BUDGET AND FINANCIAL PLAN FOR CORNELL UNIVERSITY, EXCEPT FOR WEILL MEDICAL COLLEGE, AND TO SUBMIT THE PLAN, WITH RECOMMENDATIONS, FOR FULL BOARD REVIEW, (II) REVIEW THE PRESIDENTS PLAN FOR THE UNIVERSITY'S PROPERTIES AND INVESTMENTS, (III) REVIEW AND APPROVE THE PRESIDENTS COMPENSATION, (IV) REVIEW AND APPROVE COMPENSATION AND BENEFIT POLICIES FOR ALL UNIVERSITY PERSONNEL, (V) ELECT ALL OFFICERS OF THE CORPORATION AND VICE PRESIDENTS, UPON RECOMMENDATION OF THE PRESIDENT, (VI) ELECT THE DEANS, DIRECTORS AND OTHER HEADS OF THE COLLEGES, SCHOOLS OR OTHER ACADEMIC UNITS, ALL UPON RECOMMENDATION OF THE PROVOST OR PROVOST FOR MEDICAL AFFAIRS, AS APPROPRIATE, AND WITH THE CONCURRENCE OF THE PRESIDENT, (VII) PRESCRIBE THE DUTIES OF SUCH OFFICERS AND ADJUST THEIR COMPENSATION, EXCEPT FOR WEILL MEDICAL COLLEGE, AND (VIII) EXERCISE THE POWERS OF THE BOARD IN ALL MATTERS, EXCEPT THOSE WHICH REQUIRE ACTION BY THE FULL BOARD, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS CHANGES MADE TO THE UNIVERSITY BY-LAWS WERE APPROVED BY THE BOARD ON THE FOLLOWING DATES OCTOBER 23, 2015 CHANGES WERE MADE TO ARTICLE III SECTION 2A, ARTICLE VI SECTION 1, ARTICLE VIII SECTION 1 -5, ARTICLE XI SECTION 4, AND ARTICLE XII SECTION 1 AMENDMENT TO ARTICLE III, SECTION 2 A, ADDS THE CHAIRPERSON OF THE CORNELL NYC TECH BOARD OF OVERSEERS AS AN EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, CONSISTENT WITH THE LANGUAGE AND PRACTICE OF THE CHAIRPERSON OF THE BOARD OF OVERSEERS OF WCMC AMENDMENTS WERE MADE TO ARTICLE VI 1 (OFFICERS OF THE CORPORATION AND VICE PRESIDENTS), VIII 1 - 5 , XI 4 (INTERNAL CONTROL), AND XII 1 (TREASURY) TO UPDATE THE NEWLY-APPROVED TITLE OF EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER ADMINISTRATIVE EDITS WERE ALSO MADE TO ARTICLE III 4 B (I) TO REFLECT THE NAME CHANGE FOR THE DIVISION OF STUDENT AND ACADEMIC SERVICES TO THE DIVISION OF STUDENT AND CAMPUS LIFE JANUARY 30, 2016 CHANGES WERE MADE TO UNIVERSITY BY-LAWS ARTICLE I, SECTION 7 AND ARTICLE XVI, SECTION 2 TO ESTABLISH A COLLEGE OF BUSINESS AT CORNELL UNIVERSITY

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	<p>POWER TO ELECT OR APPOINT MEMBERS PURSUANT TO THE UNIVERSITY'S CHARTER, THE BOARD OF TRUSTEES CONSISTS OF 63 MEMBERS OF THIS NUMBER, THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, AND THE PRESIDENT OF THE UNIVERSITY ARE EX OFFICIO TRUSTEES DURING THEIR TERMS OF OFFICE FURTHER, THE ELDEST LINEAL DESCENDANT OF EZRA CORNELL IS APPOINTED AS A TRUSTEE FOR HIS OR HER LIFE THE GOVERNOR ALSO APPOINTS THREE TRUSTEES ADDITIONALLY, ACADEMIC FACULTY APPOINT TWO MEMBERS, THE STUDENT BODY APPOINTS TWO MEMBERS, THE NON-ACADEMIC STAFF APPOINT ONE MEMBER, AND THE ALUMNI ELECT EIGHT MEMBERS ALL REMAINING TRUSTEES ARE ELECTED BY THE BOARD OF TRUSTEES</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	<p>PROCESS USED TO REVIEW THE FORM 990 IN ADVANCE OF FILING, THE UNIVERSITY PRESENTS A DRAFT OF FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AT THEIR SPRING MEETING, WHICH GENERALLY OCCURS IN MARCH OF EACH YEAR. FURTHER, PRIOR TO THE SPRING AUDIT COMMITTEE MEETING, ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES ARE NOTIFIED OF MATERIALS BEING REVIEWED BY THE COMMITTEE AND A DRAFT FROM 990 IS INCLUDED IN THIS NOTIFICATION. IF ANY CHANGES ARE MADE, PRIOR TO FILING, THE FINAL 990 IS POSTED TO THE BOARD OF TRUSTEES' PASSWORD-PROTECTED WEBSITE. AN EMAIL NOTIFICATION IS SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES INFORMING THEM THAT CHANGES HAVE BEEN MADE WITH A LINK TO THE SECURE WEBSITE.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY INFORMATION ON MONITORING CONFLICT OF INTEREST UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, AND OTHER KEY EMPLOYEES AND FACULTY MEMBERS MUST FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT ANY CONFLICT IDENTIFIED IS REPORTED TO THE APPROPRIATE OFFICE RESPONSIBLE FOR MANAGING THE CONFLICT, SUCH AS THE REAL ESTATE OFFICE FOR REAL ESTATE MATTERS THIS PROCEDURE IS DESIGNED TO HELP ENSURE THAT SUCH TRANSACTIONS ARE SUBJECT TO ADDITIONAL REVIEW AND AUTHORIZATION ANY MEMBER OF THE BOARD OF TRUSTEES, BOARD OF OVERSEERS, AN OFFICER OF THE CORPORATION, OR OTHER SENIOR ADMINISTRATOR MUST REPORT ANNUALLY, IN WRITING, ANY EXTERNAL INTERESTS, OR THOSE OF A FAMILY MEMBER OR ASSOCIATE, TO THE UNIVERSITY COUNSEL AND SECRETARY OF THE CORPORATION THE UNIVERSITY COUNSEL AND SECRETARY OF THE CORPORATION WILL ADVISE THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REGARDING SUCH MATTERS AS NECESSARY INCLUDING DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AND HOW CORNELL UNIVERSITY SHOULD BEST MANAGE A CONFLICT OF INTEREST AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WHEN HE OR SHE, A MEMBER OF HIS OR HER FAMILY, OR AN ASSOCIATE (TO HIS OR HER PRESENT KNOWLEDGE) EITHER (1) HAS AN EXISTING OR POTENTIAL SIGNIFICANT FINANCIAL INTEREST OR OTHER MATERIAL INTEREST OR RELATIONSHIP THAT IMPAIRS OR MIGHT APPEAR TO IMPAIR THE INDIVIDUAL'S INDEPENDENCE AND OBJECTIVITY IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE UNIVERSITY, OR (2) MAY RECEIVE A FINANCIAL OR OTHER MATERIAL BENEFIT FROM INFORMATION CONFIDENTIAL TO THE UNIVERSITY TYPICALLY, A CONFLICT OF INTEREST MAY ARISE WHEN AN INDIVIDUAL HAS THE OPPORTUNITY TO INFLUENCE THE UNIVERSITY'S BUSINESS, ADMINISTRATIVE, ACADEMIC, OR OTHER DECISIONS IN WAYS THAT COULD LEAD TO PERSONAL GAIN OR ADVANTAGE OF ANY KIND UPON FULL REPORTING, THE UNIVERSITY MAY APPROVE A TRANSACTION OR AFFILIATION, PROVIDED THAT THE CONFLICT CAN BE MANAGED IN MANY CASES, THE CONFLICT CAN BE MANAGED THROUGH DISCLOSURE IN SOME CASES, THE INDIVIDUAL MAY BE REQUIRED TO REPORT ON THE CONFLICT ANNUALLY THE UNIVERSITY WILL DISAPPROVE THE TRANSACTION OR AFFILIATION IF A CONFLICT OF INTEREST IS INVOLVED THAT CANNOT BE MANAGED</p>

Return Reference	Explanation
FORM 990, PART VI, LINES 12-16	<p>CORNELL UNIVERSITY HAS ADOPTED POLICIES COVERING CONFLICTS OF INTEREST, WHISTLEBLOWERS AND DOCUMENT RETENTION AND DESTRUCTION, AS WELL AS OTHER SIGNIFICANT POLICIES, EACH OF WHICH IS POSTED ON ITS WEBSITE</p> <p>THE CORNELL UNIVERSITY POLICY PROMULGATION PROCESS WAS ESTABLISHED IN 1991 THE CURRENT POLICY PROMULGATION PROCESS DOES NOT REQUIRE DOCUMENTATION DEMONSTRATING THAT EACH SPECIFIC POLICY HAS BEEN APPROVED BY THE BOARD OF TRUSTEES OR THAT THE LITERAL AUTHORITY TO PROMULGATE POLICY WAS DELEGATED CORNELL TAKES A SUBSTANTIATED POSITION THAT THE AUTHORITY TO PROMULGATE POLICIES WAS DELEGATED TO EACH EXECUTIVE BY THE AUDIT COMMITTEE IN 1991</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>PROCESS FOR DETERMINING COMPENSATION COMPENSATION THE UNIVERSITY HAS FORMAL PROCEDURES TO AUTHORIZE AND MANAGE COMPENSATION ISSUES THE PROCEDURES IDENTIFIED BELOW APPLY TO ALL OFFICERS, ALL FORMER OFFICERS WHO CONTINUE TO PROVIDE SERVICES TO THE INSTITUTION AS A WHOLE, AND ALL EMPLOYEES WHOSE COMPENSATION EXCEEDS A PRE-ESTABLISHED THRESHOLD THE VICE PRESIDENT AND CHIEF HUMAN RESOURCES OFFICER (VP) DEVELOPS THE LIST OF INDIVIDUALS SUBJECT TO REVIEW AND OBTAINS COMPARATIVE DATA FROM EXTERNAL, INDEPENDENT CONSULTING FIRMS THE VP AND HER INTERNAL STAFF DEVELOP FORMAL PRESENTATIONS FOR THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD THE COMPENSATION COMMITTEE REVIEWS THE INFORMATION, MODIFIES IT IF DEEMED APPROPRIATE, APPROVES CASES PER ITS DELEGATED AUTHORITY, AND INFORMS THE EXECUTIVE COMMITTEE OF THOSE APPROVALS THE COMPENSATION COMMITTEE RECOMMENDS COMPENSATION FOR CASES EXCEEDING ITS AUTHORITY FOR FINAL REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION, THE UNIVERSITY MAINTAINS CONTEMPORANEOUS WRITTEN RECORDS OF THE PROCEDURES THAT, TOGETHER WITH THE FOREGOING, GIVE RISE TO A REBUTTABLE PRESUMPTION THAT COMPENSATION IS REASONABLE NOTE COMPENSATION PROPOSALS WHICH OCCUR OUTSIDE THE SPRING TIMELINE AND REQUIRE COMPENSATION COMMITTEE AND/OR EXECUTIVE COMMITTEE APPROVAL ARE PRESENTED FOR REVIEW AND APPROVAL IN PRIVATE SESSION OF THE APPROPRIATE COMMITTEE IF THERE IS A DISCRETIONARY COMPONENT OF COMPENSATION, IT IS LIMITED BY AMOUNT, PERCENTAGE, OR OTHER CLEARLY SPECIFIED CRITERIA</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 16A	PROCEDURES FOR PARTICIPATION IN JOINT VENTURES THE UNIVERSITY HAS NUMEROUS CONTROLS IN PLACE TO ENSURE THAT ANY INVESTMENT IN, CONTRIBUTION OF ASSETS TO, OR PARTICIPATION IN A JOINT VENTURE OR SIMILAR ARRANGEMENT WITH A TAXABLE OR NON-TAXABLE ENTITY ARE IN FULL COMPLIANCE WITH UNIVERSITY POLICIES, INCLUDING, BUT NOT LIMITED TO, THE POLICY ON TRANSACTION AUTHORITY AND UNRELATED BUSINESS INCOME COMPLIANCE WITH THE UNIVERSITY'S POLICIES SERVES TO PROTECT THE ORGANIZATION'S EXEMPT STATUS

Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE UNIVERSITY'S WEBSITE

Return Reference	Explanation
FORM 990, PART VIII, PART IX AND PART X	CURRENT YEAR REVENUE AND EXPENSE PRESENTS DATA OF CORNELL UNIVERSITY DECONSOLIDATED ON EACH LINE FROM ITS RELATED ORGANIZATIONS THAT ARE INCLUDED IN CORNELLS CONSOLIDATED FINANCIAL STATEMENTS BOTH THE BEGINNING OF YEAR AND END OF YEAR BALANCE SHEETS FOR CORNELL UNIVERSITY HAVE BEEN PRESENTED DECONSOLIDATED FROM THE RELATED ORGANIZATIONS INCLUDED IN CORNELLS CONSOLIDATED FINANCIAL STATEMENTS

Return Reference	Explanation
FORM 990, PART VII, LINE 1H	THE CORNELL UNIVERSITY FOUNDATION IS A DONOR-ADVISED FUND PROVIDING A SERVICE FOR CORNELL ALUMNI AND FRIENDS WHO WISH TO MAKE CHARITABLE GIFTS THROUGH THE STRUCTURE OF A DONOR-ADVISED FUND AMOUNTS GRANTED FROM THIS FOUNDATION TO CORNELL UNIVERSITY HAVE BEEN INCLUDED IN THE CONTRIBUTION TOTAL FOR CORNELL UNIVERSITY BEGINNING WITH THE 2014 FORM 990

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES TO NET ASSETS PENSION AND POST RETIREMENT (\$123,342,128) CHANGES LOSS ON INTEREST RATE SWAPS (\$ 89,964,751) CHANGES IN FMV OF SPLIT-INTEREST (\$ 4,235,742) AGREEMENTS ----- TOTAL (\$217,542,621)

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Cornell University

Employer identification number  
15-0532082

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CORNELL UNIVERSITY FOUNDATION UK LTD 19 NORCOTT ROAD LONDON N16 78J UK	UK DONATIONS	UK	265,928	12,174	CORNELL UNIV

Part II 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.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ITHACA LP  35 THORNWOOD DR ITHACA, NY 14850	INVESTMENTS	JE	CORNELL UNIV	Related	-11,175,520	31,299,592		No			No	100 000 %
(2) Hudson Cornell Residential JV LLC  826 Broadway New York, NY 10003	Real Estate	NY	Cornell Univ	Related	1	1						
(3) Cayuga 1993 LP  555 Main St Racine, WI 53403	Investments	WI	Cornell Univ	Related	1,084,906	13,137,881						

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TOWER INNOVATIVE LEARNING SOLUTIONS INC  950 DANBY ROAD ITHACA, NY 14850 16-1593492	DIST LEARNING	NY	CORNELL UNIV	C Corp	1	1		Yes	
(2)LENROC CORPORATION  15 THORNWOOD DR ITHACA, NY 14850 16-1450466	REAL ESTATE	NY	CORNELL UNIV	C Corp	1	1		Yes	
(3)UNIVERSITY VETERINARY SPECIALISTS INC  800 CANAL ST STAMFORD, CT 06902 27-2461725	VET SERVICES	CT	CORNELL UNIV	C Corp	663,325	8,517,706		Yes	
(4)CHARITABLE REMAINDER TRUSTS (39)	INVESTMENT	NY	CORNELL UNIV					Yes	
(5)CHARITABLE LEAD TRUSTS (6)	INVESTMENT	NY	CORNELL UNIV					Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 15-0532082  
Name: Cornell University

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
CORNELL CENTER OF NEW YORK 6 EAST 44TH ST NEW YORK, NY 10017 16-1301416	SOCIAL CLUB	NY	501(c)(7)	9	CORNELL UNIV	Yes	
MRSI MANAGEMENT INC 575 LEXINGTON AVE NEW YORK, NY 10022 13-3366821	MEDICAL SERV	NY	501(c)(3)	11d TYPEIII	CORNELL UNIV	Yes	
CORNELL REAL PROPERTY SERVICES INC 15 THORNWOOD DR ITHACA, NY 14850 16-1450535	PROPERTY SERV	NY	501(c)(3)	11d TYPEIII	CORNELL UNIV	Yes	
CORNELL RESEARCH FOUNDATION INC CORNELL UNIV DAY HALL ITHACA, NY 14850 16-6050703	HOLDS IP PROP	NY	501(c)(2)	9	CORNELL UNIV	Yes	
SAMUEL CURTIS JOHNSON FOUNDATION 130 SENECA PLACE ITHACA, NY 14850 22-2572815	SUPPORT ORG	NY	501(c)(3)	11c TYPEIII	CORNELL UNIV	Yes	
CORNELL UNIVERSITY FOUNDATION 130 SENECA PLACE ITHACA, NY 14850 22-2848738	SUPPORT ORG	NY	501(c)(3)	11a TYPE I	CORNELL UNIV	Yes	
ROBERT J MIN MD PC 575 LEXINGTON AVE NEW YORK, NY 10022 13-3366820	MEDICAL SERV	NY	501(c)(3)	9	CORNELL UNIV	Yes	
THE FRNDS OF THE CORNELL LAB OF ORN INC 1209 ORANGE ST WILMINGTON, DE 19801 46-1979945	SUPPORT ORG	DE	501(c)(3)	11a TYPE I	NA		No
NY WEILL CORNELL MEDICAL CTR FUND INC 575 LEXINGTON AVENUE SUITE 9TH FL NEW YORK, NY 10022 13-6094042	SUPPORT ORG	NY	501(C)(3)	11A TYPE I	CORNELL UNIV	Yes	
CORNELL MEDICAL BENEFITS TRUST 10 S DEARBORN IL1-0117 CHICAGO, IL 60603 16-1457001	SUPPORT ORG	IL	501(C)(3)	11A TYPE I	CORNELL UNIV	Yes	

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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	UNIVERSITY VETERINARY SPECIALISTS INC	a	364,765	FMV
<b>(1)</b>	UNIVERSITY VETERINARY SPECIALISTS INC	f	700,000	FMV
<b>(2)</b>	CORNELL UNIVERSITY FOUNDATION UK LTD	c	257,282	FMV
<b>(3)</b>	UNIVERSITY VETERINARY SPECIALISTS INC	s	166,274	FMV
<b>(4)</b>	SAMUEL CURTIS JOHNSON FOUNDATION	c	2,855,360	FMV
<b>(5)</b>	CORNELL REAL PROPERTY SERVICES INC	l	50,000	FMV
<b>(6)</b>	CORNELL UNIVERSITY FOUNDATION	c	11,483,379	FMV
<b>(7)</b>	HUDSON CORNELL RESIDENTIAL JV LLC	R	38,528,108	FMV
<b>(8)</b>	ECORNELL (TOWERS INNOVATION LEARNING SOL)	A	3,058,282	FMV
<b>(9)</b>	FRIENDS OF THE LAB OF ORNITHOLOGY	C	900,000	FMV
<b>(10)</b>	MRSI MANAGEMENT INC	P	-3,337,956	FMV