

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

2014Open to Public
Inspection**A** For the **2014** calendar year, or tax year beginning

07/01, 2014, and ending

06/30, 2015

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

CORNELL UNIVERSITY

Doing Business As

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

341 PINE TREE ROAD

Room/suite

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

ITHACA, NY 14850

F Name and address of principal officer:

MICHAEL L. KOTLIKOFF, ACT. PRES.

341 PINE TREE ROAD ITHACA, NY 14850

D Employer identification number

15-0532082

E Telephone number

(607) 255-3790

G Gross receipts \$ 10721163381.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**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****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.**3** Number of voting members of the governing body (Part VI, line 1a) **3** 64.**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 56.**5** Total number of individuals employed in calendar year 2014 (Part V, line 2a) **5** 39,218.**6** Total number of volunteers (estimate if necessary) **6** 8,818.**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 9,653,166.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	842,647,482.	584,510,026.
9 Program service revenue (Part VIII, line 2g)	3,091,992,142.	3,339,680,440.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	416,208,319.	420,205,412.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,890,972.	6,972,137.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,368,738,915.	4,351,368,015.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452,582,733.	462,661,107.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,137,135,595.	2,319,435,787.
16a Professional fundraising fees (Part IX, column (A), line 11e)	604,755.	358,791.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,044,493.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,099,586,170.	1,169,479,188.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,689,909,253.	3,951,934,873.
19 Revenue less expenses. Subtract line 18 from line 12	678,829,662.	399,433,142.
20 Total assets (Part X, line 16)	Beginning of Current Year 12498894139.	End of Year 12669538763.
21 Total liabilities (Part X, line 26)	3,274,322,744.	3,278,677,385.
22 Net assets or fund balances. Subtract line 21 from line 20.	9,224,571,395.	9,390,861,378.

COPY FOR
PUBLIC INSPECTION**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

Date

JOANNE M. DESTEFANO

VP OF FINANCE & 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

5/9/16

Check ☐ if self-employed

PTIN

P00916443

Firm's name ▶ ERNST & YOUNG U.S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 200 CLARENDON STREET BOSTON, MA 02116-5072

Phone no. 617 266-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Cumulative e-File History 2014	
Federal	
Locator:	4064JI
Taxpayer Name:	Cornell University
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/13/2016 16:35:04
Acknowledgement Date:	05/13/2016 17:25:44
Status:	Accepted
Submission ID:	02007720161345000004

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****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 \$ 1,236,671,000. including grants of \$ 396,138,531.) (Revenue \$ 963,772,476.)

THE UNIVERSITY IS RENOWNED FOR ITS UNDERGRADUATE, GRADUATE, PROFESSIONAL, POST-DOCTORAL, AND CONTINUING EDUCATION PROGRAMS. THE PRIMARY CAMPUSES ARE IN ITHACA, NEW YORK AND WEILL-CORNELL MEDICAL COLLEGE LOCATED IN NEW YORK CITY. THE UNIVERSITY ALSO HAS A SIGNIFICANT INTERNATIONAL PRESENCE IN EDUCATION AND IS NOTED FOR ITS MEDICAL COLLEGE IN QATAR. DURING THE FISCAL YEAR, THE UNIVERSITY GRANTED THE FOLLOWING ACADEMIC DEGREES: UNDERGRADUATE (3,674); MASTERS (2,502); PHD (555); JD, MD, DVM (374).

4b (Code:) (Expenses \$ 938,350,000. including grants of \$ 0) (Revenue \$ 927,579,243.)

MEDICAL SERVICES, INCLUDING THE EDUCATION AND TRAINING OF PHYSICIANS, IS A MAJOR COMPONENT OF THE UNIVERSITY'S MISSION. THE PHYSICIAN ORGANIZATION IS AN INTEGRAL PART OF THE MEDICAL SCHOOL AND THE UNIVERSITY. IT PROVIDES THE PATIENT BASE ESSENTIAL FOR TEACHING, RESEARCH, AND CLINICAL SERVICES.

4c (Code:) (Expenses \$ 568,510,000. including grants of \$ 66,522,576.) (Revenue \$ 594,767,832.)

RESEARCH, BOTH BASIC AND APPLIED, IS ALSO A CORE MISSION-RELATED ACTIVITY. REVENUES FROM SPONSORED AWARDS INCLUDE \$461 MILLION IN DIRECT SUPPORT AND \$133 MILLION IN INDIRECT COST RECOVERIES. ALTHOUGH THE REVENUES INCLUDE GRANT AND CONTRACT REVENUE FOR PUBLIC OUTREACH AND INSTRUCTION, THE SINGLE LARGEST PORTION IS RESEARCH RELATED.

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

(Expenses \$ 785,242,535. including grants of \$ 0) (Revenue \$ 1,503,230,000.)

4e Total program service expenses ► 3,528,773,535.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8 X	
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	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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 X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 36,320		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 39,218		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: ATTACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****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 64		
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 56		
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
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	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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		X
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	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
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		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a	X	
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	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 2**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 14850-2820

607-255-3581

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(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			
(1) ROBERT S. HARRISON CHAIRMAN	2.00 0	X						0	0	0
(2) DAVID D. CROLL VICE CHAIRMAN	2.00 0	X						0	0	0
(3) ANDREW H. TISCH VICE CHAIRMAN	2.00 0	X						0	0	0
(4) JAN ROCK ZUBROW CHAIRMAN OF THE EXEC. COMM.	2.00 0	X						0	0	0
(5) DAVID J. SKORTON PRESIDENT & EX OFFICIO TRUSTEE	55.00 0	X		X				1,507,860.	0	136,468.
(6) ANDREW CUOMO EX OFFICIO TRUSTEE	2.00 0	X						0	0	0
(7) CARL E. HEASTIE EX OFFICIO TRUSTEE (FROM 2/3)	2.00 0	X						0	0	0
(8) SHELDON SILVER EX OFFICIO TRUSTEE (THRU 2/2)	2.00 0	X						0	0	0
(9) JOHN J. FLANAGAN EX OFFICIO TRUSTEE	2.00 0	X						0	0	0
(10) BARBARA A. BAIRD TRUSTEE/PROF. OF CHEMISTRY	55.00 0	X						246,566.	0	46,228.
(11) RICHARD A. BAKER TRUSTEE	2.00 0	X						0	0	0
(12) MATTHEW L. BIBEN TRUSTEE	2.00 0	X						0	0	0
(13) JESSICA M. BIBLIOWICZ TRUSTEE	2.00 0	X						0	0	0
(14) RICHARD L. BOOTH TRUSTEE	2.00 0	X						0	0	0

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			
(15) DOUGLAS L. BRAUNSTEIN TRUSTEE	2.00 0	X						0	0	0
(16) MARIO CILENTO TRUSTEE	2.00 0	X						0	0	0
(17) EZRA CORNELL TRUSTEE	2.00 0	X						0	0	0
(18) GARY S. DAVIS TRUSTEE	2.00 0	X						0	0	0
(19) NICOLE B. DELTORO TRUSTEE	2.00 0	X						0	0	0
(20) ELIZABETH C. EVERETT TRUSTEE	2.00 0	X						0	0	0
(21) DAVID R. FISCHHELL TRUSTEE	2.00 0	X						0	0	0
(22) GREGORY J. GALVIN TRUSTEE	2.00 0	X						0	0	0
(23) ROSS H. GITLIN TRUSTEE	2.00 0	X						0	0	0
(24) RANA GLASGAL TRUSTEE	2.00 0	X						0	0	0
(25) PATRICIA E. HARRIS TRUSTEE	2.00 0	X						0	0	0
1b Sub-total								1,754,426.	0	182,696.
c Total from continuation sheets to Part VII, Section A								28,838,556.	0	1,646,148.
d Total (add lines 1b and 1c)								30,592,982.	0	1,828,844.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **3950**

	Yes	No
3 Did 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	X	
4 For 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	X	
5 Did 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		X

Section B. Independent Contractors

1 Complete 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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► **81**

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			
(26) KRAIG H. KAYSER TRUSTEE	2.00 0	X						0	0	0
(27) RUBEN J. KING-SHAW JR. TRUSTEE	2.00 0	X						0	0	0
(28) PEGGY J. KOENIG TRUSTEE	2.00 0	X						0	0	0
(29) ROBERT S. LANGER JR. TRUSTEE	2.00 0	X						0	0	0
(30) LINDA R. MACAULAY TRUSTEE	2.00 0	X						0	0	0
(31) LOWELL C. MCADAM TRUSTEE	2.00 0	X						0	0	0
(32) WILLIAM H. MCALEER TRUSTEE	2.00 0	X						0	0	0
(33) RONALD D. MCCRAY TRUSTEE	2.00 0	X						0	0	0
(34) JOHN F. MEGRUE JR TRUSTEE	2.00 0	X						0	0	0
(35) HOWARD P. MILSTEIN TRUSTEE	2.00 0	X						0	0	0
(36) ALAN L. MITTMAN TRUSTEE/DIR. WORKFORCE POLICY	55.00 0	X						133,556.	0	36,322.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **3950**

- 3** Did 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
- 4** For 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
- 5** Did 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete 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

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

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			
(37) JOHN A. NOBLE TRUSTEE	2.00 0	X						0	0	0
(38) BARBARA GOLDMAN NOVICK TRUSTEE	2.00 0	X						0	0	0
(39) PETER J. NOLAN TRUSTEE	2.00 0	X						0	0	0
(40) ANNIE D. O'TOOLE TRUSTEE	2.00 0	X						0	0	0
(41) LUBNA SULIMAN OLAYAN TRUSTEE	2.00 0	X						0	0	0
(42) ARMANDO J. OLIVERA TRUSTEE	2.00 0	X						0	0	0
(43) DONALD C. OPATRYN TRUSTEE	2.00 0	X						0	0	0
(44) WILLIAM D. PEREZ TRUSTEE	2.00 0	X						0	0	0
(45) LELAND C. PILLSBURY TRUSTEE	2.00 0	X						0	0	0
(46) BRUCE S. RAYNOR TRUSTEE	2.00 0	X						0	0	0
(47) GENE D. RESNICK TRUSTEE	2.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **3950**

	Yes	No
3 Did 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	X	
4 For 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	X	
5 Did 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		X

Section B. Independent Contractors

1 Complete 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

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

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			
(48) SUSAN T. RODRIGUEZ TRUSTEE	2.00 0	X						0	0	0
(49) MEREDITH A. ROSENBERG TRUSTEE	2.00 0	X						0	0	0
(50) PAUL SALVATORE TRUSTEE	2.00 0	X						0	0	0
(51) MARTIN F. SHEINMAN TRUSTEE	2.00 0	X						0	0	0
(52) DALIA P. STILLER TRUSTEE	2.00 0	X						0	0	0
(53) CHIAKI TANUMA TRUSTEE	2.00 0	X						0	0	0
(54) RATAN N. TATA TRUSTEE	2.00 0	X						0	0	0
(55) LISA SKEETE TATUM TRUSTEE	2.00 0	X						0	0	0
(56) MICHAEL A. TROY TRUSTEE	2.00 0	X						0	0	0
(57) SHERYL HILLIARD TUCKER TRUSTEE	2.00 0	X						0	0	0
(58) M. EILEEN MCMANUS WALKER TRUSTEE	2.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **3950**

- 3** Did 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
- 4** For 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
- 5** Did 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete 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

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

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			
(59) PADMASREE Y. WARRIOR TRUSTEE	2.00 0	X						0	0	0
(60) LAURA A. WILKINSON TRUSTEE	2.00 0	X						0	0	0
(61) MARIANA F. WOLFNER TRUSTEE/PROF. MOLECULAR BIO.	55.00 0	X						184,122.	0	35,124.
(62) CRAIG YUNKER TRUSTEE	2.00 0	X						0	0	0
(63) MICHAEL J. ZAK TRUSTEE	2.00 0	X						0	0	0
(64) KAREN P. ZIMMER TRUSTEE	2.00 0	X						0	0	0
(65) BARTON J. WINOKUR TRUSTEE	2.00 0	X						0	0	0
(66) JOANNE M. DESTEFANO VP OF FINANCE & CFO	55.00 0			X				497,514.	0	54,520.
(67) W. KENT FUCHS PROVOST (THROUGH 11/14)	55.00 0			X				652,820.	0	58,267.
(68) HARRY KATZ INTERIM PROVOST (FROM 11/14)	55.00 0			X				413,284.	0	72,455.
(69) LAURIE H. GLIMCHER DEAN AND PROVOST MED. AFFRS	55.00 0			X				1,505,476.	0	58,246.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **3950**

- 3** Did 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
- 4** For 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
- 5** Did 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete 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

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

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			
(70) JAMES J. MINGLE UNIV. COUNSEL & SECRETARY	55.00 0			X				493,091.	0	50,001.
(71) ALBERT J. EDWARDS CHIEF INVESTMENT OFFICER	55.00 0				X			1,072,200.	0	49,476.
(72) DANIEL KNOWLES, MD CHAIR & PROFESSOR OF PATHOLOGY	55.00 0				X			1,883,539.	0	80,447.
(73) ROBERT A. BUHRMAN SR VP FOR RESEARCH	55.00 0				X			387,602.	0	41,255.
(74) STEPHEN M. COHEN EXECUTIVE VICE PROVOST	55.00 0				X			947,235.	0	81,088.
(75) ZEV ROSENWAKS, MD DIRECTOR COHEN CNTR RPRDC MED	55.00 0					X		5,597,323.	0	70,101.
(76) HEY-JOO KANG, MD PROF. OBS GYN & REPRODUCT MED	55.00 0					X		3,520,199.	0	47,899.
(77) STEVEN D. SPANDORFER, MD PROF. OBS GYN & REPRODUCT MED	55.00 0					X		3,453,821.	0	72,481.
(78) THEODORE SCHWARTZ, MD PROF. OF NEUROLOGICAL SURGERY	55.00 0					X		3,393,114.	0	60,431.
(79) PAK H. CHUNG, MD PROF. OBS GYN & REPRODUCT MED	55.00 0					X		3,357,389.	0	68,766.
(80) ROSEMARY J. AVERY FMR TRUSTEE/CHAIR DEPT. MGMT	55.00 0						X	307,476.	0	51,398.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **3950**

	Yes	No
3 Did 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	X	
4 For 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	X	
5 Did 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		X

Section B. Independent Contractors

1 Complete 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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	3950
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4	For 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. X

				(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	1,309,208.			
	c	Fundraising events	1c	2,990,601.			
	d	Related organizations	1d	17,435,001.			
	e	Government grants (contributions).	1e	28,279,018.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	534,496,198.			
	g	Noncash contributions included in lines 1a-1f: \$		6,735,620.			
	h	Total. Add lines 1a-1f		584,510,026.			
Program Service Revenue			Business Code				
	2a	EDUCATION: TUITION	900099	963,722,476.	963,722,476.		
	b	GRANTS & CONTRACTS FOR RESEARCH	900099	606,158,676.	606,158,676.		
	c	MEDICAL SERVICES	900099	927,579,243.	927,579,243.		
	d	LAND GRANT MISSION GOVT APPROP.	900099	148,711,545.	148,711,545.		
	e	AUXILLIARY ENTERPRISES - ROOM & BOARD	900099	157,522,450.	157,522,450.		
	f	All other program service revenue		535,986,050.	533,880,353.	1,537,724.	567,973.
	g	Total. Add lines 2a-2f		3,339,680,440.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		118,196,984.		7,837,629.	110,359,355.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	4,350,004.				
	b	Less: rental expenses	4,705,797.				
	c	Rental income or (loss)	-355,793.				
	d	Net rental income or (loss)		-355,793.			-355,793.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			6,649,340,296.				
	b	Less: cost or other basis and sales expenses		6,347,331,868.			
	c	Gain or (loss)		302,008,428.			
	d	Net gain or (loss)		302,008,428.			302,008,428.
	8a	Gross income from fundraising events (not including \$ <u>2,990,601.</u> of contributions reported on line 1c). See Part IV, line 18	a	397,724.			
	b	Less: direct expenses	b	1,507,416.			
	c	Net income or (loss) from fundraising events.		-1,109,692.			-1,109,692.
	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	24,687,907.			
b	Less: cost of goods sold	b	16,250,285.				
c	Net income or (loss) from sales of inventory.		8,437,622.		277,813.	8,159,809.	
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		4,351,368,015.	3,337,574,743.	9,653,166.	419,630,080.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	66,522,576.	66,522,576.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	383,334,580.	383,334,580.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	12,803,951.	12,803,951.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,545,820.	1,054,582.	5,272,910.	4,218,328.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,790,945,935.	1,552,392,389.	198,055,829.	40,497,717.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,824,462.	52,705,774.	13,400,123.	2,718,565.
9 Other employee benefits	369,601,294.	321,553,126.	40,656,142.	7,392,026.
10 Payroll taxes	79,518,276.	69,180,900.	8,747,010.	1,590,366.
11 Fees for services (non-employees):				
a Management	0			
b Legal	10,201,324.	9,079,178.	1,122,146.	
c Accounting	2,190,249.	2,190,249.		
d Lobbying	230,000.			230,000.
e Professional fundraising services. See Part IV, line 17.	358,791.			358,791.
f Investment management fees	15,551,114.	15,551,114.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	178,485,979.	155,282,801.	19,633,459.	3,569,719.
12 Advertising and promotion	0			
13 Office expenses	25,410,258.	22,106,924.	2,795,129.	508,205.
14 Information technology	32,772,107.	28,511,733.	3,604,932.	655,442.
15 Royalties	3,043,750.	3,043,750.		
16 Occupancy	116,743,582.	101,566,917.	12,841,794.	2,334,871.
17 Travel	41,270,141.	31,778,008.	6,190,522.	3,301,611.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	21,700,432.	18,879,376.	2,387,048.	434,008.
20 Interest	88,684,828.	88,684,828.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	257,845,200.	229,482,228.	28,362,972.	
23 Insurance	39,140,524.	37,496,622.	1,409,058.	234,844.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	42,154,573.	37,517,570.	4,637,003.	
b SPONSORED RSRCH SUBCNTRCT	58,624,964.	58,624,964.		
c OTHER SUPPLIES	67,281,656.	67,281,656.		
d STUDENT AND CAMPUS SERVICES	52,349,974.	51,826,474.	523,500.	
e All other expenses	115,798,533.	110,321,265.	5,477,268.	
25 Total functional expenses. Add lines 1 through 24e	3,951,934,873.	3,528,773,535.	355,116,845.	68,044,493.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	0			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	48,267,172.	1	74,001,117.
	2 Savings and temporary cash investments	89,408,150.	2	56,168,071.
	3 Pledges and grants receivable, net	1,093,569,361.	3	1,079,560,184.
	4 Accounts receivable, net	440,843,005.	4	418,610,244.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	72,803,135.	7	76,986,970.
	8 Inventories for sale or use	9,483,323.	8	9,672,998.
	9 Prepaid expenses and deferred charges	34,825,600.	9	80,255,959.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6624787505.		
	b Less: accumulated depreciation	10b 2847675363.		
		3,701,556,788.	10c	3,777,112,142.
	11 Investments - publicly traded securities	1,740,299,000.	11	1,878,027,000.
	12 Investments - other securities. See Part IV, line 11	5,104,567,745.	12	5,051,670,500.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	163,270,860.	15	167,473,578.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12498894139.	16	12669538763.	
Liabilities	17 Accounts payable and accrued expenses	558,204,114.	17	589,901,403.
	18 Grants payable	52,275,390.	18	52,991,478.
	19 Deferred revenue	282,470,402.	19	234,008,152.
	20 Tax-exempt bond liabilities	1,243,095,000.	20	1,200,475,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	322,770,323.	23	337,928,790.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	815,507,515.	25	863,372,562.
	26 Total liabilities. Add lines 17 through 25	3,274,322,744.	26	3,278,677,385.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,083,285,330.	27	3,035,585,863.
	28 Temporarily restricted net assets	3,406,995,894.	28	3,421,937,658.
	29 Permanently restricted net assets	2,734,290,171.	29	2,933,337,857.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,224,571,395.	33	9,390,861,378.
	34 Total liabilities and net assets/fund balances	12498894139.	34	12669538763.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,351,368,015.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,951,934,873.
3	Revenue less expenses. Subtract line 2 from line 1	3	399,433,142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,224,571,395.
5	Net unrealized gains (losses) on investments	5	-157,251,559.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-75,891,600.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,390,861,378.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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.)
- 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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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 or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	384,515,000.	672,276,000.	478,613,388.	842,647,482.	584,510,026.	2,962,561,896.
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	42,200,661.	41,188,766.	41,084,578.	40,454,003.	40,937,796.	205,865,804.
4 Total. Add lines 1 through 3.	426,715,661.	713,464,766.	519,697,966.	883,101,485.	625,447,822.	3,168,427,700.
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).						42,556,995.
6 Public support. Subtract line 5 from line 4.						3,125,870,705.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	426,715,661.	713,464,766.	519,697,966.	883,101,485.	625,447,822.	3,168,427,700.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	117,791,887.	109,437,360.	76,233,294.	127,377,264.	142,882,768.	573,722,573.
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.						3,742,150,273.
12 Gross receipts from related activities, etc. (see instructions)					12	14,000,281,134.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	83.53 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	85.02 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c 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 .		
11a		
11b		
11c		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

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)? 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).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ 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.		Yes	No
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? 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.			
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? 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.			
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? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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 Adjusted Net Income (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):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

OMB No. 1545-0047

2014

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization
CORNELL UNIVERSITY

Employer identification number
15-0532082

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CORNELL UNIVERSITY**Employer identification number
15-0532082**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 84,650,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 20,000,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 19,486,045.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 18,069,400.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 17,735,764.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 15,003,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization **CORNELL UNIVERSITY**Employer identification number
15-0532082**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 13,693,987.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 12,308,906.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization **CORNELL UNIVERSITY**

Employer identification number

15-0532082**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$ -----	-----

Name of organization CORNELL UNIVERSITY

Employer identification number

15-0532082

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

If the organization answered "Yes," to 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," to 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," to 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 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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ 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 **Form 1120-POL** for this year? ☐ Yes ☐ 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

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.			
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?			☐ Yes ☐ 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) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

Schedule C (Form 990 or 990-EZ) 2014

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 to 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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		438,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		
j	Total. Add lines 1c through 1i			438,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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.

SEE PAGE 4

Part IV Supplemental Information (continued)

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, 2015, 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.

Part IV Supplemental Information *(continued)*

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, 2015. 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

Name of the organization

CORNELL UNIVERSITY

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

15-0532082

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 in Form 990, Part VIII, line 1	▶ \$ 162,498.
(ii) Assets included in Form 990, Part X	▶ \$ 74,060,795.
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 in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2014

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 **d** ☒ Loan or exchange programs
b ☒ Scholarly research **e** ☐ Other _____
c ☒ Preservation for future generations

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5744869444.	5140214516.	4799313766.	4928070000.	4259950000.
b Contributions	241,117,041.	162,578,975.	142,698,495.	107,392,000.	112,278,000.
c Net investment earnings, gains, and losses	193,711,812.	791,728,922.	517,725,141.	-9,223,000.	734,562,000.
d Grants or scholarships	51,080,905.	81,084,751.	77,885,532.	30,500,080.	-22,504,820.
e Other expenditures for facilities and programs	203,466,849.	230,432,044.	201,765,031.	154,846,560.	-115986380.
f Administrative expenses	41,633,086.	38,136,174.	39,872,323.	49,269,360.	-34,622,800.
g End of year balance	5883517457.	5744869444.	5140214516.	4791623000.	5279904000.

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
 The percentages in 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:

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii) X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b X	

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		23,757,542.		23,757,542.
b Buildings		4514880245.	1683674993.	2,831,205,252.
c Leasehold improvements		451,905,263.	286,437,374.	165,467,889.
d Equipment		673,604,856.	423,245,440.	250,359,416.
e Other		997,898,700.	491,576,657.	506,322,043.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,777,112,142.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	23,503,000.	ATTACHMENT 1
(3) Other		
(A) DOMESTIC EQUITIES	212,568,000.	FMV
(B) FOREIGN EQUITIES	275,972,000.	FMV
(C) HEDGED EQUITIES	724,531,000.	FMV
(D) PRIVATE EQUITIES	1,152,535,500.	FMV
(E) FIXED INCOME ASSET BACKED SEC	22,073,000.	FMV
(F) FIXED INCOME CORPORATE BONDS	408,917,000.	FMV
(G) FIXED INCOME EQUITY PSHIPS	423,011,000.	FMV
(H) FIXED INCOME & MARKETABLE SEC.	1,808,560,000.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,051,670,500.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO CONSOLIDATED SUBS	407,524.	
(3) OBLIGATIONS UNDER SPLIT INT AGRMNT	139,857,349.	
(4) DEFERRED BENEFITS	527,574,280.	
(5) FUNDS HELD IN TRUST FOR OTHERS	195,533,409.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	863,372,562.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3851861468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-157,251,559.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-12,050,378.
e	Add lines 2a through 2d	2e	-169,301,937.
3	Subtract line 2e from line 1	3	4021163405.
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	330,204,610.
c	Add lines 4a and 4b	4c	330,204,610.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4351368015.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3685571484.
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	86,304,719.
e	Add lines 2a through 2d	2e	86,304,719.
3	Subtract line 2e from line 1	3	3599266765.
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	352,668,108.
c	Add lines 4a and 4b	4c	352,668,108.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3951934873.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS: THE UNIVERSITY'S ENDOWMENT CONSISTS PRIMARILY OF PERMANENT ENDOWMENT AND BOARD DESIGNATED ENDOWMENT (I.E., FUNDS FUNCTIONING AS ENDOWMENT). THE INCOME FROM THE ENDOWMENT PROVIDES CRITICAL SUPPORT FOR ENDOWED FACULTY CHAIRS, STUDENT FINANCIAL AID, AND SUPPORT FOR VARIOUS INSTITUTIONAL PROGRAMS FOR TEACHING, RESEARCH, AND PUBLIC OUTREACH.

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.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

CHANGES IN FMV OF SPLIT INTEREST	(\$ 12,050,378)

TOTAL	(\$ 12,050,378)

SCHEDULE D, PART XI, LINE 4B

RECLASS OF STUDENT ASSISTANCE	\$352,668,108
RECLASS OF RENT EXPENSE	(\$ 4,705,797)
RECLASS OF SPECIAL EVENT EXPENSE	(\$ 1,507,416)
RECLASS OF COST OF GOODS SOLD	(\$ 16,250,285)

TOTAL	\$330,204,610

SCHEDULE D, PART XII, LINE 2D

LOSS ON SWAP TERMINATION	\$ 16,419,061
FAS 158	\$ 47,422,157
RECLASS OF SPECIAL EVENT EXPENSES	\$ 1,507,416
RECLASS OF RENT EXPENSE	\$ 4,705,797
RECLASS OF COST OF GOODS SOLD	\$ 16,250,285

TOTAL	\$86,304,719

SCHEDULE D, PART XII, LINE 4B

RECLASS OF STUDENT ASSISTANCE	\$352,668,108
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Part XIII Supplemental Information *(continued)*ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
CLOSELY-HELD EQUITY INTERESTS	23,503,000.	FMV
TOTALS	<u>23,503,000.</u>	

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CORNELL UNIVERSITY

Schools

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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?	X	
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?	X	
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	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
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	X	

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

Schedule E (Form 990 or 990-EZ) (2014)

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).

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

Name of the organization

CORNELL UNIVERSITY

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

15-0532082

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) ANTARCTICA			PROGRAM SERVICES	EDUCATION & RESEARCH	109,993.
(2) CENTRAL AMERICA/CARIBBEAN	1.	4.	PROGRAM SERVICES	EDUCATION & RESEARCH	382,226.
(3) EAST ASIA AND THE PACIFIC		14.	PROGRAM SERVICES	EDUCATION & RESEARCH	2,962,345.
(4) EUROPE	14.	92.	PROGRAM SERVICES	EDUCATION & RESEARCH	8,452,112.
(5) MIDDLE EAST AND NORTH AFRICA	1.	485.	PROGRAM SERVICES	EDUCATION & RESEARCH	132,348,084.
(6) NORTH AMERICA		21.	PROGRAM SERVICES	EDUCATION & RESEARCH	1,509,089.
(7) RUSSIA/INDEPENDENT STATES		5.	PROGRAM SERVICES	EDUCATION & RESEARCH	80,369.
(8) SOUTH AMERICA		4.	PROGRAM SERVICES	EDUCATION & RESEARCH	811,923.
(9) SOUTH ASIA	3.	7.	PROGRAM SERVICES	EDUCATION & RESEARCH	1,078,640.
(10) SUB-SAHARAN AFRICA		9.	PROGRAM SERVICES	EDUCATION & RESEARCH	1,347,526.
(11) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	MEDICAL SERVICES	679,640.
(12) EAST ASIA AND THE PACIFIC			INVESTMENTS		126,000.
(13) EUROPE			INVESTMENTS		101,792,904.
(14) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		703,213,568.
(15) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	FRGN PATENT EXP	24,166.
(16) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	FRGN PATENT EXP	1,515,280.
(17) EUROPE			PROGRAM SERVICES	FRGN PATENT EXP	4,451,486.
3a Sub-total	19.	641.			960,885,351.
b Total from continuation sheets to Part I					30,325,091.
c Totals (add lines 3a and 3b)	19.	641.			991,210,442.

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

Schedule F (Form 990) 2014

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

15-0532082

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	FRGN PATENT EXP	38,402.
(2) NORTH AMERICA			PROGRAM SERVICES	FRGN PATENT EXP	136,186.
(3) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	FRGN PATENT EXP	4,824.
(4) SOUTH AMERICA			PROGRAM SERVICES	FRGN PATENT EXP	62,118.
(5) SOUTH ASIA			PROGRAM SERVICES	FRGN PATENT EXP	92,915.
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	FRGN PATENT EXP	1,082,490.
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	874,319.
(8) EUROPE			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	1,241,352.
(9) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	845,762.
(10) NORTH AMERICA			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	3,932,512.
(11) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	58,000.
(12) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	1,429,729.
(13) SOUTH ASIA			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	2,048,363.
(14) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH SUB-CONTRACTS	5,619,783.
(15) EUROPE			FUNDRAISING	FOUNDATION	54,385.
(16) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		95,319.
(17) EAST ASIA AND THE PACIFIC			GRANTMAKING		6,569,629.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

15-0532082

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING		2,172,620.
(2) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		294,209.
(3) NORTH AMERICA			GRANTMAKING		1,163,786.
(4) RUSSIA/INDEPENDENT STATES			GRANTMAKING		115,913.
(5) SOUTH AMERICA			GRANTMAKING		446,250.
(6) SOUTH ASIA			GRANTMAKING		1,576,588.
(7) SUB-SAHARAN AFRICA			GRANTMAKING		369,637.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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. X

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)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on 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	CENT. AMERICA/CARIBBEAN	11.	18,303.	CHECK/ACH		NONE	FMV
(2) STUDENT TRAVEL GRANT/FELLOWSHIP	EAST ASIA/PACIFIC	77.	251,523.	CHECK/ACH		NONE	FMV
(3) STUDENT TRAVEL GRANT/FELLOWSHIP	EUROPE/ICELAND/GREENLAND	50.	112,078.	CHECK/ACH		NONE	FMV
(4) STUDENT TRAVEL GRANT/FELLOWSHIP	MIDDLE EAST/NORTH AFRICA	3.	3,900.	CHECK/ACH		NONE	FMV
(5) STUDENT TRAVEL GRANT/FELLOWSHIP	NORTH AMERICA	8.	13,210.	CHECK/ACH		NONE	FMV
(6) STUDENT TRAVEL GRANT/FELLOWSHIP	RUSSIA/NEWLY IND. STATES	3.	6,600.	CHECK/ACH		NONE	FMV
(7) STUDENT TRAVEL GRANT/FELLOWSHIP	SOUTH AMERICA	21.	30,637.	CHECK/ACH		NONE	FMV
(8) STUDENT TRAVEL GRANT/FELLOWSHIP	SOUTH ASIA	31.	115,832.	CHECK/ACH		NONE	FMV
(9) STUDENT TRAVEL GRANT/FELLOWSHIP	SUB-SAHARAN AFRICA	39.	35,006.	CHECK/ACH		NONE	FMV
(10) STUDENT FINANCIAL AID	CENT. AMERICA/CARIBBEAN	1.	77,016.	CHECK/ACH		NONE	FMV
(11) STUDENT FINANCIAL AID	EAST ASIA/PACIFIC	174.	6,318,106.	CHECK/ACH		NONE	FMV
(12) STUDENT FINANCIAL AID	EUROPE/ICELAND/GREENLAND	62.	2,060,542.	CHECK/ACH		NONE	FMV
(13) STUDENT FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	14.	290,309.	CHECK/ACH		NONE	FMV
(14) STUDENT FINANCIAL AID	NORTH AMERICA	58.	1,150,576.	CHECK/ACH		NONE	FMV
(15) STUDENT FINANCIAL AID	RUSSIA/NEWLY IND. STATES	2.	109,313.	CHECK/ACH		NONE	FMV
(16) STUDENT FINANCIAL AID	SOUTH AMERICA	17.	415,613.	CHECK/ACH		NONE	FMV
(17) STUDENT FINANCIAL AID	SOUTH ASIA	44.	1,460,756.	CHECK/ACH		NONE	FMV
(18) STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA	18.	304,630.	CHECK/ACH		NONE	FMV

Schedule F (Form 990) 2014

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

Schedule F (Form 990) 2014

Part V Supplemental Information

Complete this part to 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).

SCHEDULE F, PART I, LINE 2

THE UNIVERSITY REVIEWS ALL INVOICES AND OTHER REQUIRED DOCUMENTATION FOR ACCURACY, APPROPRIATENESS OF THE EXPENDITURES IN COMPLIANCE WITH THE AWARD DOCUMENTS AND TIMELINESS OF SUBMISSION.

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.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

15-0532082

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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	CONSULTING		X		116,337.	-116,337.
2 JFM GROUP LLC	EVNT MGMT SRVCS		X	2,738,090.	242,454.	2,495,636.
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,738,090.	358,791.	2,379,299.

- 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, MN, 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" to 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 CABARET NIGHT (event type)	(b) Event #2 GREENBERG (event type)	(c) Other events 4. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,738,090.	472,970.	177,265.	3,388,325.
	2 Less: Contributions	2,526,190.	411,470.	52,941.	2,990,601.
	3 Gross income (line 1 minus line 2).	211,900.	61,500.	124,324.	397,724.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	25,000.		4,000.	29,000.
	7 Food and beverages	318,413.	152,180.	1,070.	471,663.
	8 Entertainment	365,936.		120.	366,056.
	9 Other direct expenses	480,154.	89,233.	71,310.	640,697.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,507,416.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1,109,692.

Part III Gaming. Complete if the organization answered "Yes" to 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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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: _____

10 a 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 | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15 a** 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH STREET NEW YORK, NY 10021	13-1024135	501(C)(3)	72,100.		FMV		RESEARCH
(2) PACE UNIVERSITY ONE PACE PLAZA NEW YORK, NY 10038	13-5562314	501(C)(3)	12,500.		FMV		RESEARCH
(3) RENNELAER POLYTECHNIC INSTITUTE 110 8TH STREET WEST HALL TROY, NY 12180	14-1340095	501(C)(3)	35,795.		FMV		RESEARCH
(4) HEALTH RESEARCH INC 150 BROADWAY STE 560 MENANDS, NY 12204	14-1402155	501(C)(3)	6,849.		FMV		RESEARCH
(5) THE WILLIAM H MINER AGRIC RSRCH INSTIT 1034 MINER FARM RD CHAZY, NY 12921	14-1414736	501(C)(3)	22,483.		FMV		RESEARCH
(6) DUTCHESS CTY SOIL & WATER CONSERVATION DIST 2715 RTE 44 STE 3 MILLBROOK, NY 12545	14-6011863	FEDERAL	11,980.		FMV		OTHER
(7) ROCHESTER INSTITUTE OF TECHNOLOGY 141 LOMB BUILDING ROCHESTER, NY 14623-5608	16-0743140	501(C)(3)	10,470.		FMV		RESEARCH
(8) ATC-NY PO BOX 422 TRUMANSBURG, NY 14886-0422	16-1549760	-	215,773.		FMV		RESEARCH
(9) CORNELL COOPERATIVE EXTENSION-MADISON CTY PO BOX 1209 EATON ST MORRISVILLE, NY 13408	16-6072885	501(C)(3)	17,536.		FMV		OTHER
(10) THE TRUSTEES OF PRINCETON UNIVERSITY PO BOX 36 PRINCETON, NJ 08544	21-0634501	501(C)(3)	164,817.		FMV		RESEARCH
(11) SCIENCENTER DISCOVERY MUSEUM (SDM) 601 FIRST ST. ITHACA, NY 14850	22-2470652	501(C)(3)	8,011.		FMV		RESEARCH
(12) UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD. KINGSTON, RI 02881	22-3011455	RI	15,726.		FMV		RESEARCH

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

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

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

Schedule I (Form 990) (2014)

JSA

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) UNIVERSITY OF PENNSYLVANIA							
3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	145,218.		FMV		RESEARCH
(2) NORTH AMERICAN ASSOC FOR ENVIRON EDU							
2000 P ST NW STE 540 WASHINGTON, DC 20036	23-7158061	501(C)(3)	1,464,628.		FMV		OTHER
(3) THE ADVOCACY CENTER (ADVCTR)							
590 SOUTH AVENUE ROCHESTER, NY 14620	23-7298613	501(C)(3)	75,934.		FMV		OTHER
(4) LEHIGH UNIVERSITY (LU)							
526 BROADHEAD AVE BETHLEHEM, PA 18015-3046	24-0795445	501(C)(3)	50,493.		FMV		RESEARCH
(5) CARNEGIE MELLON UNIVERSITY							
5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	131,898.		FMV		RESEARCH
(6) PENNSYLVANIA ASSC FOR SUSTAINABLE AGRIC							
PO BOX 419 MILLHEIM, PA 16854	25-1685497	501(C)(3)	16,554.		FMV		RESEARCH
(7) MIAMI UNIVERSITY							
500 E HIGHT ST 102 OXFORD, OH 45056-3653	31-6402089	501(C)(3)	32,999.		FMV		RESEARCH
(8) COLLEGE OF WOOSTER							
1189 BEALL AVENUE WOOSTER, OH 44691-2393	34-0714654	501(C)(3)	82,893.		FMV		RESEARCH
(9) PURDUE UNIVERSITY							
401 S GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	61,250.		FMV		RESEARCH
(10) UNIVERSITY OF CHICAGO							
6030 S ELLIS AVE #114 CHICAGO, IL 60637	36-2177139	501(C)(3)	124,108.		FMV		RESEARCH
(11) THE BOARD OF TRUSTEES OF THE UNIV OF IL							
1901 S FIRST ST STE A CHAMPAIGN, IL 61820	37-6000511	IL	184,717.		FMV		RESEARCH
(12) REGENTS OF THE UNIVERSITY OF MICHIGAN							
WOLV TWR RM 1065 ANN ARBOR, MI 48109-1274	38-6006309	MI	1,695,160.		FMV		RESEARCH

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

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

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

Schedule I (Form 990) (2014)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

15-0532082

**SCHEDULE I
(Form 990)**

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

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) UNIVERSITY OF WISCONSIN (UOWMAD) 21 N PARK ST STE 6401 MADISON, WI 53715	39-6028867	WI	357,486.		FMV		RESEARCH
(2) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST SE #450 MINNEAPOLIS, MN 55455	41-6007513	MN	1,431,689.		FMV		RESEARCH
(3) THE WASHINGTON UNIVERSITY CBOX 1034 700 ROSEDALE ST LOUIS, MO 63112	43-0653611	501(C)(3)	507,717.		FMV		RESEARCH
(4) TRUMAN STATE UNIVERSITY 105 MCCLAIN HALL KIRKSVILLE, MO 63501-4221	43-6005833	501(C)(3)	70,205.		FMV		RESEARCH
(5) UNIVERSITY OF NEBRASKA 2009 VINE ST PB 830861 LINCOLN, NE 68588	47-0049123	501(C)(3)	8,184.		FMV		RESEARCH
(6) ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND, WA 98368	51-0175667	501(C)(3)	21,858.		FMV		RESEARCH
(7) CELLANA LLC 73-4460 KAAHUMANU HWY KAILUA-KONA, HI 96740	51-0658850	-	517,000.		FMV		RESEARCH
(8) AMERICAN UNIVERSITY 4400 MA AVE NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	63,112.		FMV		RESEARCH
(9) US GEOLOGICAL SURVEY US DEPT OF THE INT 2255 NORTH GEMINI DR FLAGSTAFF, AZ 86001	53-0196958	FEDERAL	243,481.		FMV		RESEARCH
(10) HOWARD UNIVERSITY 525 BRYANT ST WASHINGTON, DC 20059	53-0204707	501(C)(3)	501,274.		FMV		RESEARCH
(11) SMITHSONIAN INSTITUTION (SMITH) PO BOX 37012 MRC 1205 WASHINGTON, DC 20013	53-0206027	501(C)(3)	26,683.		FMV		RESEARCH
(12) THE COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG, VA 23187	54-6001718	501(C)(3)	114,604.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶▶							
3 Enter total number of other organizations listed in the line 1 table ▶▶							

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

**SCHEDULE I
(Form 990)**

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

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2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) WEST VIRGINIA UNIVERSITY RESEARCH CORP 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(C)(3)	203,751.		FMV		RESEARCH
(2) DUKE UNIVERSITY 2200 WEST MAIN ST DURHAM, NC 27705	56-0532129	501(C)(3)	156,349.		FMV		RESEARCH
(3) NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DR STE 240 RALEIGH, NC 27695	56-6000756	NC	655,424.		FMV		RESEARCH
(4) GEORGIA TECH RESEARCH CORPORATION (GTRC) 505 TENTH ST NW ATLANTA, GA 30332-0420	58-0603146	501(C)(3)	1,790,400.		FMV		RESEARCH
(5) UNIVERSITY OF CENTRAL FLORIDA 12201 RES PARKWAY ORLANDO, FL 32826	59-2924021	501(C)(3)	335,046.		FMV		RESEARCH
(6) REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST G395 ANN ARBOR, MI 48109	38-6006309	MI	80,221.		FMV		RESEARCH
(7) OREGON STATE UNIVERSITY 308 KERR ADMIN BLDG CORVALLIS, OR 97331-2140	61-1730890	501(C)(3)	114,987.		FMV		RESEARCH
(8) AUBURN UNIVERSITY 310 SAMFORD HALL AUBURN UNIV, AL 36849-5131	63-6000724	501(C)(3)	36,675.		FMV		RESEARCH
(9) REGENEMED INC. 9855 TOMME CTR DR #200 SAN DIEGO, CA 92121	65-1201114	-	19,097.		FMV		RESEARCH
(10) UNIVERSITY OF THE VIRGIN ISLANDS #2 JOHN BREWERS BAY ST. THOMAS, VI 00802	66-0432514	501(C)(3)	8,859.		FMV		RESEARCH
(11) UNIV OF PUERTO RICO-RIO PIEDRAS CAMPUS PO BOX 21790 SAN JUAN, PR 00931-1790	66-0433760	501(C)(3)	18,794.		FMV		RESEARCH
(12) UNIVERSITY OF ARKANSAS 1125 W. MAPLE ST FAYETTEVILLE, AR 72701	71-6003252	AR	378,402.		FMV		RESEARCH

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

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

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Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) THE UNIVERSITY OF TEXAS 101 E. 27TH ST STOP A9000 AUSTIN, TX 78713	74-0230239	TX	585,670.		FMV		RESEARCH
(2) WILLIAM MARSH RICE UNIVERSITY PO BOX 4892 - MS16 HOUSTON, TX 77251-1892	74-1109620	501(C)(3)	40,036.		FMV		RESEARCH
(3) UNIVERSITY CORP FOR ATMOSPHERIC RESEARCH P.O. BOX 3000 BOULDER, CO 80307	84-0412668	501(C)(3)	109,572.		FMV		RESEARCH
(4) THE REGENTS OF THE UNIVERSITY OF COLORADO 572 UCB BOULDER, CO 80309-0574	84-6000555	CO	730,236.		FMV		RESEARCH
(5) SOUTHWEST SCIENCES INCORPORATED (SSI) 1570 PACHECO ST SANTA FE, NM 87505	85-0340320	-	38,426.		FMV		RESEARCH
(6) ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287-6011	86-0196696	AZ	841,086.		FMV		RESEARCH
(7) ENVIRONMENTAL EDUCATION EXCHANGE 738 N 5TH AVE STE 100 TUCSON, AZ 85705	86-0682018	501(C)(3)	94,370.		FMV		OTHER
(8) HYDROACOUSTIC TECHNOLOGY INCORPORATED 715 NE NORTHLAKE WAY SEATTLE, WA 98105	91-1397519	-	134,490.		FMV		RESEARCH
(9) WASHINGTON STATE UNIVERSITY NEFL HALL ROOM 423 PULLMAN, WA 99164-3140	91-6001108	WA	408,046.		FMV		RESEARCH
(10) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195-9472	91-6001537	WA	1,859,313.		FMV		RESEARCH
(11) STANFORD UNI BRD OF LELAND STANFORD JR UNI 3160 PORTER DR PALO ALTO, CA 94304-8445	94-1156365	501(C)(3)	2,285,721.		FMV		RESEARCH
(12) LAWRENCE BERKELEY NATIONAL LABORATORY ONE CYCLOTORON RD BERKELEY, CA 94720	94-2951741	CA	280,716.		FMV		RESEARCH
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Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

PAGE 61

**SCHEDULE I
(Form 990)**

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(1) REGENTS OF THE UNIV OF CA-SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94118	94-6036493	CA	24,903.		FMV		RESEARCH
(2) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST CUB 301 LA, CA 90089	95-1642394	501(C)(3)	680,042.		FMV		RESEARCH
(3) CAL STATE LA UNIVERSITY AUXILIARY SVCS INC 5151 STATE UNIV DR LOS ANGELES, CA 90032	95-4016653	501(C)(3)	23,928.		FMV		RESEARCH
(4) UNIVERSITY OF HAWAII 2440 CAMPUS RD BOX 368 HONOLULU, HI 96822	99-6000354	HI	24,389.		FMV		RESEARCH
(5) MAINE MEDICAL CENTER 22 BRAMHALL ST SOUTH PORTLAND, ME 04102	01-0238552	501(C)(3)	15,228.		FMV		OTHER
(6) UNI OF ME SYSTEM ACTING THRU THE UNIV OF ME 5717 CORBETT HALL ORONO, ME 04469-5717	01-6000769	501(C)(3)	86,026.		FMV		RESEARCH
(7) DARTMOUTH COLLEGE 11 ROPE FERRY RD #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	126,905.		FMV		RESEARCH
(8) HUBBARD BROOK RESEARCH FOUNDATION P.O. BOX 282 NORTH WOODSTOCK, NH 03262	02-0474938	501(C)(3)	46,125.		FMV		RESEARCH
(9) UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD 2ND FL DURHAM, NH 03824	02-6000937	NH	155,665.		FMV		RESEARCH
(10) UNIVERSITY OF VERMONT 340 WATERMAN BLDG BURLINGTON, VT 05405	03-0179440	VT	23,174.		FMV		RESEARCH
(11) NORTHEAST ORGANIC FARMING ASSOC OF NY 1423 HATHAWAY DR FARMINGTON, NY 14425	03-0259137	501(C)(3)	80,003.		FMV		RESEARCH
(12) CONNECTICUT CENTER FOR PRIMARY CARE P.O. BOX 762 FARMINGTON, CT 06034	03-0441188	501(C)(3)	8,818.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	 ►						
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Internal Revenue Service

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1 (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
(1) BOSTON UNIVERSITY							
25 BUICK ST. BOSTON, MA 02215	04-2103547	501(C)(3)	26,918.		FMV		RESEARCH
(2) PRESIDENT AND FELLOWS OF HARVARD COLLEGE							
1350 MA AVE HC600 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	1,218,334.		FMV		RESEARCH
(3) TUFTS UNIVERSITY							
136 HARRISON AVE BOSTON, MA 02111	04-2103634	501(C)(3)	14,791.		FMV		RESEARCH
(4) WELLESLEY COLLEGE							
106 CENTRAL ST GRH139 WELLESLEY, MA 02481	04-2103637	501(C)(3)	58,446.		FMV		RESEARCH
(5) DANA FARBER							
44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	32,698.		FMV		RESEARCH
(6) BRIGHAM & WOMENS HOSPITAL							
75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	2,206,918.		FMV		RESEARCH
(7) ANALOG DEVICES INC							
804 WOBURN STREET WILMINGTON, MA 01887	04-2348234	-	24,062.		FMV		RESEARCH
(8) SPAULDING REHABILITATION HOSPITAL C							
125 NASHUA STREET BOSTON, MA 02114	04-2551124	501(C)(3)	168,199.		FMV		RESEARCH
(9) MASSACHUSETTS GENERAL HOSPITAL							
50 STANFORD ST STE 1001 BOSTON, MA 02114	04-2697983	501(C)(3)	92,622.		FMV		RESEARCH
(10) BOSTON CHILDRENS HOSPITAL							
P.O. BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	288,976.		FMV		RESEARCH
(11) CHILDRENS HOSPITAL CORPORATION							
300 LONGWOOD AVE BOSTON, MA 02155	04-3085427	501(C)(3)	42,119.		FMV		RESEARCH
(12) UNIVERSITY OF MASSACHUSETTS							
70 BUTTERFIELD TERRACE AMHERST, MA 01003	04-3167352	MA	704,358.		FMV		RESEARCH

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

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(1) THE GENERAL HOSPITAL CORP DBA MA GEN. HOSP. 55 FRUITE STREET BOSTON, MA 02114	04-3230035	501(C)(3)	370,091.		FMV		RESEARCH
(2) BOSTON HOUSING AUTHORITY 52 CHAUNCEY STREET BOSTON, MA 02111	04-6001907	FEDERAL	12,658.		FMV		OTHER
(3) CAPE COD CRANBERRY GROWERS' ASSOCIATION 1 CARVER SQ BLVD PO BOX 97 CARVER, MA 02330	04-6060947	501(C)(3)	16,329.		FMV		OTHER
(4) REGENTS OF THE UNIVERSITY OF CA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	04-7120084	CA	658,168.		FMV		RESEARCH
(5) BROWN UNIVERSITY 70 SHIP ST BOX G-E205 PROVIDENCE, RI 02903	05-0258809	501(C)(3)	744,049.		FMV		RESEARCH
(6) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	13,959.		FMV		RESEARCH
(7) THE GRODEN CENTER INC 86 MOUNT HOPE AVENUE PROVIDENCE, RI 02906	05-0369378	501(C)(3)	63,356.		FMV		RESEARCH
(8) YALE UNIVERSITY 214 WHITNEY AVE #230 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	576,540.		FMV		RESEARCH
(9) UNIVERSITY OF CONNECTICUT (UCONN) 438 WHITNEY RD EXT #1133 STORRS, CT 06269	06-0772160	CT	21,595.		FMV		RESEARCH
(10) WHITEHEAD INSTITUTE 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	90,283.		FMV		RESEARCH
(11) THE CT AGRICULTURAL EXPERIMENT STATION 123 HUNTINGTON ST #1106 NEW HAVEN, CT 06504	06-6032987	CT	22,850.		FMV		RESEARCH
(12) ST. MARK'S DAY SCHOOL 1346 PRESIDENT ST BROOKLYN, NY 11213-4335	11-1694941	501(C)(3)	10,000.		FMV		OTHER

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(1) COLD SPRING HARBOR LABORATORY							
1 BUNGTON RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	1,092,179.		FMV		RESEARCH
(2) RESOURCES FOR CHILDREN WITH SPECIAL NEEDS							
116 E 16TH ST 5TH FL NEW YORK, NY 10003	11-2594790	501(C)(3)	388,977.		FMV		RESEARCH
(3) CORNELL COOPERATIVE EXTENSION SUFFOLK CTY							
423 GRIFFING AVE #100 RIVERHEAD, NY 11901	11-6081424	501(C)(3)	139,843.		FMV		RESEARCH
(4) THE CONFERENCE BOARD INC. (CBI)							
845 THIRD AVENUE NEW YORK, NY 10022-6679	13-1624108	501(C)(3)	30,000.		FMV		OTHER
(5) HOSPITAL FOR SPECIAL SURGERY							
535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)(3)	516,585.		FMV		RESEARCH
(6) ROCKEFELLER UNIVERSITY							
1230 YORK AVENUE NEW YORK, NY 10021-6339	13-1624158	501(C)(3)	282,587.		FMV		RESEARCH
(7) SLOAN KETTERING INSTITUTE FOR CANCER RSRCH							
1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(C)(3)	152,512.		FMV		RESEARCH
(8) ALBERT EINSTEIN COLLEGE OF MEDICINE							
1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501(C)(3)	415,487.		FMV		RESEARCH
(9) BOYCE THOMPSON INSTITUTE FOR PLANT RSRCH							
100 BOYCE THOMPSON TWR RD ITHACA, NY 14853	13-1739923	501(C)(3)	929,420.		FMV		RESEARCH
(10) FORDHAM UNIVERSITY							
441 EAST FORDHAM RD BRONX, NY 10458	13-1740451	501(C)(3)	12,489.		FMV		RESEARCH
(11) MEMORIAL SLOAN KETTERING							
1275 YORK AVE NEW YORK, NY 10021	13-1924236	501(C)(3)	2,795,695.		FMV		RESEARCH
(12) RSRCH FDN CUNY ON BEHALF OF LEHMAN COLLEGE							
230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	526,229.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	 ►						
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(1) ROCKLAND CTY SOIL & WATER CONSERVATION 50 SANITORIUM RD BLDG K POMONA, NY 10970	13-2600920	NY	7,000.		FMV		OTHER
(2) JEWISH ASSOC FOR SERVING THE AGING 247 WEST 37TH ST 9TH FL NEW YORK, NY 10018	13-2620896	501(C)(3)	6,788.		FMV		RESEARCH
(3) GREENMARKET (GNMK) 51 CHAMBERS ST #228 NEW YORK, NY 10007	13-2765465	501(C)(3)	28,312.		FMV		RESEARCH
(4) AGING IN NEW YORK FUND INC 2 LAFAYETTE ST STE 2100 NEW YORK, NY 10007	13-3153550	501(C)(3)	142,707.		FMV		RESEARCH
(5) THE ROGOSIN INSTITUTE 506 EASE 70TH ST NEW YORK, NY 10021	13-3184198	501(C)(3)	6,057.		FMV		RESEARCH
(6) WINIFRED MASTERSON BURKE 785 MAMARONECK AVE WHITE PLAINS, NY 10605	13-3434928	501(C)(3)	85,530.		FMV		RESEARCH
(7) BIOMEDICAL RESEARCH ALLIANCE OF NY 1981 MARCUS AVE LAKE SUCCESS, NY 11042	13-3999590	N/A	34,618.		FMV		RESEARCH
(8) NEW YORK UNIVERSITY 665 BROADWAY STE 801 NEW YORK, NY 10012	13-5562308	501(C)(3)	769,852.		FMV		RESEARCH
(9) BETH ISRAEL DEACONESS MEDCAL CENTER 10 UNION SQUARE NEW YORK, NY 10003	13-5564934	501(C)(3)	237,486.		FMV		RESEARCH
(10) COLUMBIA UNIVERSITY 615 W 131 ST MC NEW YORK, NY 10027-7922	13-5598093	501(C)(3)	1,354,266.		FMV		RESEARCH
(11) ICAHN SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	623,723.		FMV		RESEARCH
(12) CORNELL COOPERATIVE EXTENSION ROCKLAND CTY 10 PATRIOT HILLS DR STONY POINT, NY 10980	13-6210461	501(C)(3)	6,500.		FMV		OTHER
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▲						
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PAGE 66

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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) NYC DEPARTMENT OF EDUCATION DISTRICT 75 400 FIRST AVENUE NEW YORK, NY 10010	13-6400434	NY	112,500.		FMV		RESEARCH
(2) GE GLOBAL RESEARCH ONE RESEARCH CIRCLE NISKAYUNA, NY 12309	14-06889340	N/A	214,557.		FMV		RESEARCH
(3) SIENA COLLEGE 515 LOUDON ROAD ALBANY, NY 12211	14-1338498	501(C)(3)	7,552.		FMV		OTHER
(4) UNION COLLEGE 807 UNION ST SCHENECTADY, NY 12308	14-1338580	501(C)(3)	9,205.		FMV		RESEARCH
(5) RSRCH FDN FOR THE STATE UNIV OF NEW YORK P.O. BOX 6000 BINGHAMTON, NY 13902-6000	14-1368361	501(C)(3)	514,176.		FMV		RESEARCH
(6) RESEARCH FOUNDATION FOR MENTAL 150 BROADWAY STE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	375,891.		FMV		RESEARCH
(7) CITY SCHOOL DISTRICT OF ALBANY 1 ACADEMY PARK ALBANY, NY 12207	14-1537912	NY	55,962.		FMV		RESEARCH
(8) CLINICAL DIRECTORS NETWORK INC 5 W 37TH ST 10TH FL NEW YORK, NY 10018	14-1717344	501(C)(3)	289,546.		FMV		RESEARCH
(9) BAAR-SCIENTIFIC LLC 6374 ROUTE 89 ROMULUS, NY 14541	14-1878299	-	10,000.		FMV		RESEARCH
(10) ULSTER COUNTY BOCES 175 ROUTE 32 NORTH NEW PALTZ, NY 12561	14-6003939	501(C)(3)	71,616.		FMV		OTHER
(11) CITY SCHOOL DISTRICT OF SCHENECTADY 108 EDUCATION DRIVE SCHENECTADY, NY 12303	14-6004188	NY	33,858.		FMV		RESEARCH
(12) CORNELL COOPERATIVE EXTENSION (CCEALBANY) 24 MARTIN RD PB 497 VOORHEESVILLE, NY 12186	14-6036881	501(C)(3)	22,653.		FMV		OTHER

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

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

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Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) CORNELL COOPERATIVE EXTENSION DUTCHESS CTY 2715 US ROUTE 44 #1 MILLBROOK, NY 12545	14-6036882	501(C)(3)	97,302.		FMV		RESEARCH
(2) CORNELL COOPERATIVE EXTENSION CLINTON CTY 6064 ROUTE 22 #5 PLATTSBURGH, NY 12901	14-6036885	501(C)(3)	31,011.		FMV		RESEARCH
(3) CORNELL COOPERATIVE EXTENSION ASSSOC 6055 ROUTE 23 ACRA, NY 12405	14-6036887	501(C)(3)	99,122.		FMV		OTHER
(4) CORNELL COOPERATIVE EXTENSION ORANGE CTY 18 SEWARD AVE STE 300 MIDDLETOWN, NY 10940	14-6036889	501(C)(3)	9,821.		FMV		OTHER
(5) CORNELL COOPERATIVE EXTENSION ULSTER CTY 232 PLAZA ROAD KINGSTON, NY 12401-2928	14-6036893	501(C)(3)	39,686.		FMV		OTHER
(6) CORNELL COOPERATIVE EXTENSION ST LAWRENCE 2403B STATE HIGHWAY 68 CANTON, NY 13617	14-6037202	501(C)(3)	10,758.		FMV		RESEARCH
(7) CORNELL COOPERATIVE EXTENSION FLANKLIN CTY 355 W MAIN ST STE 150 MALONE, NY 12953	14-6037203	501(C)(3)	60,241.		FMV		OTHER
(8) CORNELL COOPERATIVE EXTENSION ESSEX COUNTY PO BOX 388 WESTPORT, NY 12993-0388	14-6048677	501(C)(3)	12,300.		FMV		RESEARCH
(9) SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	165,206.		FMV		RESEARCH
(10) CLARKSON UNIVERSITY 8 CLARKSON AVE #5630 POTSDAM, NY 13699	15-0543659	501(C)(3)	40,142.		FMV		RESEARCH
(11) PALEONTOLOGICAL RESEARCH INSTITUTION 1259 TRUMANSBURG ROAD ITHACA, NY 14850	15-0554849	501(C)(3)	47,206.		FMV		RESEARCH
(12) UNIVERSITY OF ROCHESTER 515 HYLAN BLDG #270140 ROCHESTER, NY 14627	16-0743209	501(C)(3)	241,850.		FMV		RESEARCH

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(1) ALFRED UNIVERSITY							
1 SAXON DRIVE ALFRED, NY 14802	16-0743900	501(C)(3)	7,177.		FMV		RESEARCH
(2) OFS LABORATORIES LLC							
19 SCHOOLHOUSE ROAD SOMERSET, NJ 08873	16-1745377	-	51,371.		FMV		RESEARCH
(3) CORNELL COOPERATIVE EXTENSION BROOME CTY							
840 UPPER FRONT ST BINGHAMTON, NY 13905	16-6072872	501(C)(3)	124,785.		FMV		OTHER
(4) CORNELL COOPERATIVE EXTENSION CHAUTAUQUA							
3542 TURNER ROAD JAMESTOWN, NY 14701-6327	16-6072874	501(C)(3)	10,374.		FMV		OTHER
(5) CORNELL COOPERATIVE EXTENSION CORTLAND CTY							
60 CENTRAL AVE #105 CORTLAND, NY 13045	16-6072877	501(C)(3)	15,718.		FMV		OTHER
(6) CORNELL COOPERATIVE EXTENSION ERIE COUNTY							
21 S GROVE ST EAST AURORA, NY 14052	16-6072879	501(C)(3)	56,922.		FMV		OTHER
(7) CORNELL COOPERATIVE EXTENSION JEFFERSON CTY							
203 N HAMILTON ST WATERTOWN, NY 13601	16-6072882	501(C)(3)	35,420.		FMV		OTHER
(8) CORNELL COOPERATIVE EXTENSION (CCELC)							
5274 OUTER STOME ST LOWVILLE, NY 13367	16-6072883	501(C)(3)	15,000.		FMV		RESEARCH
(9) CORNELL COOPERATIVE EXTENSION (CCEMC)							
249 HIGHLAND AVENUE ROCHESTER, NY 14620	16-6072886	501(C)(3)	50,465.		FMV		OTHER
(10) CORNELL COOPERATIVE EXTENSION TOMPKINS CTY							
615 WILLOW AVENUE ITHACA, NY 14850	16-6072897	501(C)(3)	20,850.		FMV		OTHER
(11) CORNELL COOPERATIVE EXTENSION YATES COUNTY							
417 LIBERTY STREET PENN YAN, NY 14527	16-6072900	501(C)(3)	7,282.		FMV		RESEARCH
(12) FL INSTITUTE FOR HUMAN & MACHINE COGNITION							
40 S. ALCANIZ STREET PENSACOLA, FL 32502	20-0760849	501(C)(3)	90,546.		FMV		RESEARCH
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1 (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
(1) INSTITUTE FOR ETHNOMEDICINE PO BOX 3464 JACKSON, WY 83061	20-1829529	501(C)(3)	82,693.		FMV		RESEARCH
(2) HEBREW HOME AT RIVERDALE 5901 PALISADE AVE RIVERDALE, NY 10471	20-4352212	501(C)(3)	107,739.		FMV		RESEARCH
(3) BRIGHTTREE HOME HEALTH AND HOSPICE 1735 N BROWN RD LAWRENCEVILLE, GA 30043	20-4450365	-	80,827.		FMV		RESEARCH
(4) WINGS OF EAGLES DISCOVERY CENTER 339 DANIEL ZENKER DR HORSEHEADS, NY 14845	22-2462926	501(C)(3)	223,828.		FMV		RESEARCH
(5) CELGENE CORPORATION 86 MORRIS AVENUE SUMMIT, NJ 07901	22-2711928	-	37,500.		FMV		RESEARCH
(6) MONTCLAIR STATE UNIVERSITY COLLEGE HALL 307 MONTCLAIR, NJ 07043	22-2912682	501(C)(3)	22,057.		FMV		RESEARCH
(7) CARY INSTITUTE OF ECOSYSTEM STUDIES 2801 SHARON TURNPIKE MILLBROOK, NY 12545	22-3232968	501(C)(3)	219,414.		FMV		RESEARCH
(8) RUTGERS, THE STATE UNIVERSITY 679 HOES LANE PISCATAWAY, NJ 08854	22-6001086	NJ	1,432,212.		FMV		RESEARCH
(9) CHILDRENS HOSPITAL OF PHILADELPHIA LOCKBOX 1457 #8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	45,330.		FMV		RESEARCH
(10) DREXEL UNIVERSITY 3201 ARCH ST STE 100 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	149,585.		FMV		RESEARCH
(11) ECRI INSTITUTE 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462	23-1662091	501(C)(3)	6,761.		FMV		RESEARCH
(12) FRED HUTCHINSON 1100 FAIRVIEW AVE SEATTLE, WA 98109	23-7156071	501(C)(3)	32,938.		FMV		RESEARCH

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(1) PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DR MC H138 HERSHEY, PA 17033		24-6000376	501(C)(3)	1,073,305.		FMV		RESEARCH
(2) UNIVERSITY OF PITTSBURGH 123 UNIV PLACE PITTSBURGH, PA 15213		25-0965591	501(C)(3)	132,979.		FMV		RESEARCH
(3) US BUSINESS LEADERSHIP NETWORK 13130 BRADDOCK PLACE ALEXANDRIA, VA 22314		26-0482057	501(C)(3)	33,499.		FMV		OTHER
(4) STICKK 39 E.30TH ST STE 4 NEW YORK, NY 10016		26-06222510	N/A	20,000.		FMV		RESEARCH
(5) KOKUA CONTRACTING AND PROJECT MANAGEMENT 77-6441 KUAKINI HWY KAILUA-KONA, HI 96740		26-0764795	-	96,043.		FMV		RESEARCH
(6) BROAD INSTITUTE 75 AMES ST 11TH FLR CAMBRIDGE, MA 02142		26-3428781	501(C)(3)	82,345.		FMV		RESEARCH
(7) WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY DAYTON, OH 45435		31-0732831	501(C)(3)	26,021.		FMV		RESEARCH
(8) DONALD DANFORTH PLANT SCIENCE CENTER 975 N WARSON ROAD ST LOUIS, MO 63132		31-1584621	501(C)(3)	136,144.		FMV		RESEARCH
(9) CENTER FOR SCIENCE AND INDUSTRY (CSI) 333 WEST BROAD STREET COLUMBUS, OH 43215		31-4383802	501(C)(3)	54,333.		FMV		RESEARCH
(10) THE OHIO STATE UNIVERSITY (OSU) 1960 KENNY RD COLUMBUS, OH 43210-1063		31-6025986	501(C)(3)	338,808.		FMV		RESEARCH
(11) PLANETARY SCIENCE INSTITUTE 1700 E FT LOWELL TUCSON, AZ 85719		33-0175263	501(C)(3)	121,464.		FMV		RESEARCH
(12) SCIRE-SOUTHERN CALIFORNIA INSTITUTE 5901 E SEVENTH ST LONG BEACH, CA 90822		33-0331855	501(C)(3)	110,262.		FMV		RESEARCH
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(1) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037		33-0435954	501(C)(3)	947,067.		FMV		RESEARCH
(2) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195		34-0714585	501(C)(3)	17,771.		FMV		RESEARCH
(3) THE TRUSTEES OF INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON, IN 47401		35-6001673	501(C)(3)	10,000.		FMV		OTHER
(4) UNIVERSITY OF NOTRE DAME 511 MAIN BLDG. NOTRE DAME, IN 46556-5602		36-0868188	501(C)(3)	23,745.		FMV		RESEARCH
(5) NORTH WESTERN UNIVERSITY 2205 TECH DR EVANSTON, IL 60208-3500		36-2167817	501(C)(3)	195,366.		FMV		RESEARCH
(6) BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 61625		37-0861494	501(C)(3)	11,416.		FMV		RESEARCH
(7) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD E LANSING, MI 48824		38-6005984	MI	248,623.		FMV		RESEARCH
(8) MEDICAL COLLEGE OF WISCONSIN 9200 W WISCONSIN AVE MILWAUKEE, WI 53226		39-0806261	501(C)(3)	107,716.		FMV		RESEARCH
(9) OLMSTED MEDICAL CENTER 1650 FOURTH ST SE ROCHESTER, NY 55904		41-0855367	501(C)(3)	64,443.		FMV		RESEARCH
(10) IOWA STATE UNIVERSITY 1138 PEARSON AMES, IA 50011-2207		42-6004224	IA	647,847.		FMV		RESEARCH
(11) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211-1230		43-6003859	501(C)(3)	568,369.		FMV		RESEARCH
(12) HEALTHIX INC 347 W. 36TH ST NEW YORK, NY 10018		45-0553664	501(C)(3)	143,025.		FMV		RESEARCH

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(1) MOOG SENECA ST & JAMISON RD E AURORA, NY 14052	45-3302264	-	17,500.		FMV		RESEARCH
(2) CCAT OBSERVATORY INC 508 SPACE SCIENCES BLDG ITHACA, NY 14853	45-4104640	501(C)(3)	545,079.		FMV		RESEARCH
(3) ORGANIC GROWERS (OGRISN) 1124 COUNTRY RD 38 BRAINBRIDGE, NY 13733	45-4134508	501(C)(3)	61,767.		FMV		RESEARCH
(4) AUDIENCE VIEWPOINTS CONSULTING 13148 ROUNDING RUN CIR HERNDON, VA 20171	45-5500148	-	69,347.		FMV		RESEARCH
(5) NORTH DAKOTA STATE UNIVERSITY DEPT 4000 PO BOX 6050 FARGO, ND 58105	45-6002439	ND	55,255.		FMV		RESEARCH
(6) PANSS INSITUTE 3 PARK AVE 37TH FLOOR NEW YORK, NY 10016	46-1248144	501(C)(3)	11,181.		FMV		RESEARCH
(7) RUTGERS, THE STATE UNIVERSITY 225 WARREN ST NEWARK, NJ 07103	46-2354111	NJ	198,001.		FMV		RESEARCH
(8) YOUNG LABS INC 245 W 120TH ST STE 3 NEW YORK, NY 10027	46-4125267	N/A	50,000.		FMV		RESEARCH
(9) GRAPHIKA INC (FRMR MORNINGSIDE ANALYTICS) 116 W 23RD ST 5TH FL NEW YORK, NY 10011	46-4386048	-	100,294.		FMV		RESEARCH
(10) B&D ENGINEERING AND CONSULTING LLC 7419 STATE HIGHWAY 789 LANDER, WY 82520	46-5624420	-	69,041.		FMV		RESEARCH
(11) SOUTH DAKOTA STATE UNIVERSITY ADMIN 133 BOX 2201 BROOKINGS, SD 57007	46-6000364	SD	163,027.		FMV		RESEARCH
(12) CREIGHTON UNIVERSITY HIXSON LIED SCIENCE BLDG OMAHA, NE 68178	47-0376583	501(C)(3)	91,718.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶						
3 Enter total number of other organizations listed in the line 1 table	▶						

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

**SCHEDULE I
(Form 990)**

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) UNIVERSITY OF KANSAS CENTER FOR 2385 IRVING HILL ROAD LAWRENCE, KS 66044	48-0680117	501(C)(3)	209,272.		FMV		RESEARCH
(2) KANSAS STATE UNIVERSITY 2 FAIRCHILD HALL MANHATTAN, KS 66506-1103	48-0771751	KS	38,681.		FMV		RESEARCH
(3) UNIVERSITY OF KANSAS MEDICAL CENTER MSN 1039 3901 RAINBOW BLVD KANSAS, KS 66160	48-1108830	501(C)(3)	36,425.		FMV		RESEARCH
(4) LIONSHARE MARKETING INC 7830 BARTON LENEXA, KS 66214	48-1175473	N/A	6,600.		FMV		RESEARCH
(5) NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN ST STE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	37,186.		FMV		RESEARCH
(6) DELAWARE STATE UNIVERSITY 1200 N. DUPONT HIGHWAY DOVER, DE 19901	51-0305893	DE	129,321.		FMV		RESEARCH
(7) UNIVERSITY OF DELAWARE 210 HULLITHEN HALL NEWARK, DE 19716-1551	51-6000297	DE	78,084.		FMV		RESEARCH
(8) JOHNS HOPKINS UNIV APPLIED PHYSICS LAB LLC 11100 JOHN HOPKINS ROAD LAUREL, MD 20723	52-0595110	501(C)(3)	175,574.		FMV		RESEARCH
(9) AMERICAN BIRD CONSERVANCY (ABC) PO BOX 249 THE PLAINS, VA 20198	52-1501259	501(C)(3)	45,256.		FMV		RESEARCH
(10) INT'L SERV FOR THE ACQ OF AGRI-BIOTECH APP 105 LELAND LAB ITHACA, NY 14853	52-1740743	501(C)(3)	72,064.		FMV		RESEARCH
(11) J. CRAIG VENTER INSTITUTE 9704 MED CTR DR ROCKVILLE, MD 20850	52-1842938	501(C)(3)	131,936.		FMV		RESEARCH
(12) UNIVERSITY OF MARYLAND 3112 LEE BLDG COLLEGE PARK, MD 20742-5141	52-6002033	MD	163,744.		FMV		RESEARCH

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

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(1) GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQUARE ASHBURN, VA 20147	53-0196584	501(C)(3)	26,155.		FMV		RESEARCH
(2) GEORGETOWN UNIVERSITY 37TH & O ST NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	452,360.		FMV		RESEARCH
(3) EVIDERA INC 7101 WISCONSIN AVE #600 BETHESDA, MD 20814	54-1759539	N/A	128,448.		FMV		RESEARCH
(4) UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	VA	84,836.		FMV		RESEARCH
(5) VA POLYTECHNIC INSTITUTE & STATE UNIVERSITY 300 TURNER ST NW BLACKSBURG, VA 24060	54-6001805	501(C)(3)	81,660.		FMV		RESEARCH
(6) NATIONAL INSTITUTE OF STATISTICAL SCIENCES PO BOX 14006 RSRCH TRIANGLE PARK, NC 27709	56-1746337	501(C)(3)	32,436.		FMV		RESEARCH
(7) NC AGRICULTURAL & TECHNOLOGY STATE UNIV 1601 E MARKET ST GREENSBORO, NC 27411	56-6000007	501(C)(3)	52,046.		FMV		RESEARCH
(8) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 9201 UNIV CITY BLVD CHARLOTTE, NC 28223	56-6001393	NC	136,649.		FMV		RESEARCH
(9) FERMI NATIONAL ACCELERATOR LABORATORY PO BOX 500 MS 112 BATAVIA, IL 60510	57-1239010	501(C)(3)	30,000.		FMV		RESEARCH
(10) CLEMSON UNIVERSITY 300 BRACKETT HALL CLEMSON, SC 29634-5702	57-6000254	501(C)(3)	58,220.		FMV		RESEARCH
(11) EMORY UNIVERSITY 954 GATEWOOD RD NE ATLANTA, GA 30329-4208	58-0566256	501(C)(3)	140,468.		FMV		RESEARCH
(12) UNIVERSITY OF GEORGIA RESEARCH FDN INC 200 DW BROOKS DR ATHENS, GA 30602	58-1353149	501(C)(3)	121,602.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►							
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Grants and Other Assistance to Organizations,
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(1) UNIVERSITY OF MIAMI P.O. BOX 405803 MIAMI, FL 30384	59-0624458	501(C)(3)	109,501.		FMV		RESEARCH
(2) UNIVERSITY OF CENTRAL FLORIDA 12424 RESEARCH PKWY ORLANDO, FL 32826	59-6211832	501(C)(3)	12,473.		FMV		RESEARCH
(3) UNIVERSITY OF KENTUCKY RESEARCH 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	228,618.		FMV		RESEARCH
(4) RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS, TN 38112-1690	62-0476301	501(C)(3)	22,558.		FMV		RESEARCH
(5) VANDERBILT UNIVERSITY MEDICAL 3319 W END AVE STE 800 NASHVILLE, TN 37203	62-0476822	501(C)(3)	288,183.		FMV		RESEARCH
(6) UNIVERSITY OF TENNESSEE 2621 MORGAN CIR DR KNOXVILLE, TN 37996-4530	62-6001636	TN	189,058.		FMV		RESEARCH
(7) CARDIOLOGY ASSOCIATES OF MOBILE INC 3715 DAUPHIN ST STE 4400 MOBILE, AL 33608	63-0889615	N/A	5,200.		FMV		RESEARCH
(8) ALABAMA A&M UNIVERSITY PATTON HALL ROOM 316 NORMAL, AL 35762	63-6001097	501(C)(3)	14,052.		FMV		RESEARCH
(9) THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE HATTIESBURG, MS 39406	64-6000818	501(C)(3)	26,791.		FMV		RESEARCH
(10) EDU INC 6900-29 DANIELS PKWY FORT MYERS, FL 33912	65-0434251	-	30,000.		FMV		OTHER
(11) USDA-ARS 600 E MERMAID LANE WYNDMOOR, PA 19038-0598	72-0564834	FEDERAL	1,057,700.		FMV		RESEARCH
(12) OKLAHOMA CITY UNIVERSITY 2501 N BLACKWELDER OKLAHOMA CITY, OK 73106	73-0579265	501(C)(3)	18,589.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶						
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(1) OKLAHOMA MEDICAL RESEARCH 825 NE 13TH STREET OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	25,946.		FMV		RESEARCH
(2) OKLAHOMA STATE UNIVERSITY 203 WHITEHURST HALL STILLWATER, OK 74078	73-6017987	OK	103,389.		FMV		RESEARCH
(3) THE METHODIST HOSPITAL FOUNDATION P.O. BOX 4384 HOUSTON, TX 77210	74-1180155	501(C)(3)	34,251.		FMV		RESEARCH
(4) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	13,748.		FMV		RESEARCH
(5) UNIVERSITY OF TEXAS- SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)(3)	7,479.		FMV		RESEARCH
(6) TEXAS ENGINEERING EXPERIMENT STATION 1470 WILLIAM PKWY COLLEGE STA, TX 77845	74-1974733	501(C)(3)	7,997.		FMV		RESEARCH
(7) NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80205	74-2044647	501(C)(3)	110,666.		FMV		RESEARCH
(8) THE AZ BOARD OF REGENTS UNIVERSITY OF AZ PO BOX 210158 TUCSON, AZ 85721-0158	74-2652689	501(C)(3)	216,979.		FMV		RESEARCH
(9) UNIVERSITY OF TEXAS AT AUSTIN 24 GUADALAUPE PO BOX 7398 AUSTIN, TX 78713	74-6000203	TX	343,736.		FMV		RESEARCH
(10) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKWY COLL STA, TX 77845	74-6000531	501(C)(3)	152,680.		FMV		RESEARCH
(11) TEXAS A & M AGRILIFE RESEARCH 2147 TAMU COLLEGE STATION, TX 78743	74-6000541	TX	227,439.		FMV		RESEARCH
(12) UNIVERSITY OF TEXAS MEDICAL 301 UNIV BLVD BSB 1.106 GALVESTON, TX 77555	74-6000949	TX	84,392.		FMV		RESEARCH
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(1) UNIVERSITY OF TEXAS MD ANDERSON 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	TX	14,349.		FMV		RESEARCH
(2) SOUTHERN METHODIST UNIVERSITY PO BOX 750302 DALLAS, TX 75275-0302	75-0800689	501(C)(3)	70,524.		FMV		RESEARCH
(3) THE UNIVERSITY OF TEXAS AT DALLAS 800W CAMPBELL RD MP15 RICHARDSON, TX 75080	75-1305568	501(C)(3)	25,816.		FMV		RESEARCH
(4) TEXAS TECH UNIVERSITY 203 HOLDEN HALL LUBBOCK, TX 79409-1035	75-6002622	501(C)(3)	16,778.		FMV		RESEARCH
(5) THE UNIVERSITY OF TEXAS SOUTHWESTER 5323 HARRY HINES BLVD DALLAS, TX 78590	75-6002868	TX	144,451.		FMV		RESEARCH
(6) NEW YORK GENOME CENTER INC 101 AVE OF THE AMERICAS NEW YORK, NY 10013	80-0631734	501(C)(3)	916,989.		FMV		RESEARCH
(7) SATHGURU INC 88 BROAD STREET BOSTON, MA 02110	80-0664005	-	1,608,631.		FMV		RESEARCH
(8) MONTANA STATE UNIVERSITY 309 MONTANA HALL BOZEMAN, MT 59717	81-6010045	MT	51,875.		FMV		RESEARCH
(9) UNIVERSITY OF IDAHO 875 PERIMETER DR MS 3020 MOSCOW, ID 83844	82-6000945	ID	5,992.		FMV		RESEARCH
(10) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	CO	8,133.		FMV		RESEARCH
(11) NATIONAL CENTER FOR GENOME RESOURCES 2935 RODEO PARK DR E SANTE FE, NM 87505	85-0418280	501(C)(3)	77,793.		FMV		RESEARCH
(12) UNIVERSITY OF NEW MEXICO 1 UNIV OF NM ALBUQUERQUE, NM 87131	85-6000642	NM	28,767.		FMV		RESEARCH

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(1) BRIGHAM YOUNG UNIVERSITY A-285 ASB CAMPUS DR PROVO, UT 84602	87-0217280	501(C)(3)	15,997.		FMV		RESEARCH
(2) METHODIST HOSPITAL 6670 BERTNER AVE HOUSTON, TX 77030	87-0721923	501(C)(3)	284,438.		FMV		RESEARCH
(3) UNIVERSITY OF UTAH 201 S PRSDNTS CIR SALT LAKE CITY, UT 84112	87-6000525	UT	247,171.		FMV		RESEARCH
(4) HONEYBEE ROBOTICS LTD. P O BOX 27420 BROOKLYN, NY 11202	88-0193033	-	37,984.		FMV		RESEARCH
(5) UNIVERSITY OF ALASKA-ANCHORAGE 3211 PROVIDENCE DR ANCHORAGE, AK 99508-4614	92-6000147	AK	20,968.		FMV		RESEARCH
(6) REED COLLEGE 3203 SE WOODSTOCK BLVD PORTLAND, OR 97202	93-0386908	501(C)(3)	86,092.		FMV		RESEARCH
(7) MALIN SPACE SCIENCE SYSTEMS (MSSS) PO BOX 910148 SAN DIEGO, CA 92191-0148	93-1046372	-	7,979.		FMV		RESEARCH
(8) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE SAN FRANCISCO, CA 94132	93-1137247	501(C)(3)	127,406.		FMV		RESEARCH
(9) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK PORTLAND, OR 97239	93-1176109	501(C)(3)	61,192.		FMV		RESEARCH
(10) KAISER FOUNDATION RESEARCH INSTITUT 1800 HARRISON ST 16TH FL OAKLAND, CA 94612	94-1105628?	501(C)(3)	31,682.		FMV		RESEARCH
(11) REGENTS OF THE UNIV. OF SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95064-1077	94-1539563	N/A	13,436.		FMV		RESEARCH
(12) REGENTS OF THE UNIVERSITY OF CALIFORNIA 2150 SHATTUCK AVE #313 BERKELEY, CA 94720	94-6002123	501(C)(3)	211,160.		FMV		RESEARCH

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

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(1) REGENTS OF THE UNIV OF CALIFORNIA-DAVIS 1850 RESEARCH PARK DR #300 DAVIS, CA 95618	94-6036494	501(C)(3)	943,259.		FMV		RESEARCH
(2) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	243,304.		FMV		RESEARCH
(3) CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD W HOLLYWOOD, CA 90048	95-1644600	501(C)(3)	144,349.		FMV		RESEARCH
(4) CAL POLY CORPORATION BUILDING 38 #402 SAN LUIS OBISPO, CA 93407	95-1648180	501(C)(3)	9,999.		FMV		RESEARCH
(5) MICROSEMI FREQUENCY AND TIME CORPORATION 34 TOZER ROAD BEVERLY, MA 01915-5510	95-1906306	-	152,223.		FMV		RESEARCH
(6) REGENTS OF THE UNIVERSITY OF CALIFORNIA 5171 CALIFORNIA AVE #150 IRVINE, CA 92697	95-2226406	501(C)(3)	60,032.		FMV		RESEARCH
(7) REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093-0934	95-2872494	501(C)(3)	196,103.		FMV		RESEARCH
(8) PVHMC FOUNDATION 1798 N GAREY AVENUE POMONA, CA 91767	95-3403287	501(C)(3)	11,397.		FMV		RESEARCH
(9) REGENTS OF THE UNIVERSITY OF CALIFORNIA 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	501(C)(3)	47,772.		FMV		RESEARCH
(10) REGENTS OF THE UNIVERSITY OF CALIFORNIA #3227 CHEADLE HALL SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	905,297.		FMV		RESEARCH
(11) THE PARENT NETWORK OF THE CAPITAL REGION 1190 TROY-SCHENECTADY RD., LATHAM, NY 12110	22-2717094	501(C)(3)	70,466.		FMV		RESEARCH
(12) THE PARENT NETWORK OF WNY 1000 MAIN ST. BUFFALO, NY 14202	22-2717094	501(C)(3)	106,279.		FMV		RESEARCH

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

**SCHEDULE I
(Form 990)**

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) RESEARCH FOUNDATION OF THE STATE UNIVERSITY 402 CROFTS HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	82,953.		FMV		RESEARCH
(2) RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	15,934.		FMV		OTHER
(3) UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE RD 2ND FL DURHAM, NH 03824	02-6000937	NH	14,453.		FMV		OTHER
(4) RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	319,723.		FMV		RESEARCH
(5) THE REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET SE #450	41-6007513	MN	12,524.		FMV		OTHER
(6) UNIVERSITY OF NEBRASKA MEDICAL 5100 NEBRASKA MEDICAL CENTER	47-0049123	NE	89,572.		FMV		RESEARCH
(7) UNIVERSITY OF MARYLAND 3112 LEE BLDG COLLEGE PARK, MD 20742	52-6002033	MD	9,231.		FMV		OTHER
(8) UNIVERSITY OF MARYLAND EASTERN SHORE 11868 ACADEMIC OVAL PRINCESS ANNE, MD 21853	52-6002033	501(C)(3)	139,414.		FMV		RESEARCH
(9) STANFORD UNI BRD OF LELAND STANFORD JR UNI 3160 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	240,927.		FMV		OTHER
(10) UNIVERSITY OF VERMONT 340 WATERMAN BLDG BURLINGTON, VT 05405	03-0179440	VT	12,820.		FMV		OTHER
(11) TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	18,508.		FMV		OTHER
(12) UNIVERSITY OF MASSACHUSETTS 70 BUTTERFIELD TERRACE AMHERST, MA 01003	04-3167352	MA	25,829.		FMV		OTHER

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

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**SCHEDULE I
(Form 990)**

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☒ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) THE GENERAL HOSPITAL CORP DBA MA GEN. HOSP. 55 FRUITE STREET BOSTON, MA 02114	04-3230035	501(C)(3)	27,550.		FMV		OTHER
(2) UNIVERSITY OF CONNECTICUT (UCONN) 438 WHITNEY RD EXT #1133 STORRS, CT 06269	06-0772160	CT	21,837.		FMV		OTHER
(3) CORNELL COOPERATIVE EXTENSION SUFFOLK CTY 423 GRIFFING AVE #100 RIVERHEAD, NY 11901	11-6081424	501(C)(3)	48,354.		FMV		OTHER
(4) RSRCH FDN CUNY ON BEHALF OF LEHMAN COLLEGE 230 W. 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	14,044.		FMV		OTHER
(5) COLUMBIA UNIVERSITY 615 W 131 ST MC NEW YORK, NY 10027	13-5598093	501(C)(3)	76,696.		FMV		OTHER
(6) RSRCH FDN FOR THE STATE UNIV OF NEW YORK P.O. BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	75,380.		FMV		OTHER
(7) CORNELL COOPERATIVE EXTENSION DUTCHESS CTY 2715 US ROUTE 44 #1 MILLBROOK, NY 12545	14-6036882	501(C)(3)	74,365.		FMV		OTHER
(8) SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	265,095.		FMV		OTHER
(9) UNIVERSITY OF ROCHESTER 515 HYLAN BLDG #270140 ROCHESTER, NY 14627	16-0743209	501(C)(3)	90,246.		FMV		OTHER
(10) USDA-ARS 600 E MERMAID LANE WYNDMOOR, PA 19038	72-0564834	FEDERAL	8,571.		FMV		OTHER
(11) STANFORD UNIVERSITY BECKMAN CENTER ROOM B062	95-1642394	501(C)(3)	43,678.		FMV		RESEARCH
(12) COLORADO STATE UNIVERSITY 601 SOUTH HOWES ST., 408 UNIV SVC CTR	84-6000545	CO	339,785.		FMV		RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	 ►						
3 Enter total number of other organizations listed in the line 1 table	 ►						

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

SCHEDULE I
(Form 990)

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

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

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
(1) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32826	59-2924021	FL	139,720.		FMV		RESEARCH
(2) PENNSYLVANIA STATE UNIVERSITY 110 TECH CTR BLDG	24-6000376	501(C)(3)	55,972.		FMV		OTHER
(3) TRUSTEES OF THE UNIVERSITY OF PA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	191,507.		FMV		RESEARCH
(4) CORNELL COOPERATIVE EXTENSION YATES COUNTY 417 LIBERTY STREET PENN YAN, NY 14527	16-6072900	501(C)(3)	22,999.		FMV		OTHER
(5) NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR	13-5596826	501(C)(3)	7,527.		FMV		RESEARCH
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	237.
3	Enter total number of other organizations listed in the line 1 table	50.

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4064JI F227

Part III Grants and Other Assistance to Individuals in the United States. 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	14,724.	277,590,732.		FMV	NONE
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

Part III Grants and Other Assistance to Individuals in the United States. 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						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART III

CORNELL UNIVERSITY PROVIDED NEED-BASED FINANCIAL AID TOTALING

\$277,590,732 TO APPROXIMATELY 14,724 STUDENTS IN THE FISCAL YEAR ENDING

JUNE 30, 2015. IN ADDITION TO CORNELL ENDOWED SCHOLARSHIPS, ANNUAL GIFTS

AND TUITION-FUNDED GRANTS OF \$252,513,004, THIS AMOUNT INCLUDES

SCHOLARSHIPS AND GRANTS FROM FEDERAL, STATE, AND EXTERNAL SOURCES

TOTALING \$25,077,728.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

15-0532082

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID J. SKORTON PRESIDENT & EX OFFICIO TRUSTEE	(i) 872,800.	620,260.	14,800.	26,000.	110,468.	1,644,328.	0
	(ii) 0	0	0	0	0	0	0
2 BARBARA A. BAIRD TRUSTEE/PROF. OF CHEMISTRY	(i) 182,884.	0	63,682.	25,104.	21,124.	292,794.	0
	(ii) 0	0	0	0	0	0	0
3 ALAN L. MITTMAN TRUSTEE/DIR. WORKFORCE POLICY	(i) 133,356.	0	200.	14,063.	22,259.	169,878.	0
	(ii) 0	0	0	0	0	0	0
4 MARIANA F. WOLFNER TRUSTEE/PROF. MOLECULAR BIO.	(i) 168,997.	0	15,125.	18,883.	16,241.	219,246.	0
	(ii) 0	0	0	0	0	0	0
5 JOANNE M. DESTEFANO VP OF FINANCE & CFO	(i) 453,881.	21,587.	22,046.	38,505.	16,015.	552,034.	0
	(ii) 0	0	0	0	0	0	0
6 W. KENT FUCHS PROVOST (THROUGH 11/14)	(i) 592,216.	35,611.	24,993.	26,000.	32,267.	711,087.	0
	(ii) 0	0	0	0	0	0	0
7 HARRY KATZ INTERIM PROVOST (FROM 11/14)	(i) 406,569.	0	6,715.	47,706.	24,749.	485,739.	0
	(ii) 0	0	0	0	0	0	0
8 LAURIE H. GLIMCHER DEAN AND PROVOST MED. AFFRS	(i) 813,349.	0	692,127.	36,150.	22,096.	1,563,722.	0
	(ii) 0	0	0	0	0	0	0
9 JAMES J. MINGLE UNIV. COUNSEL & SECRETARY	(i) 442,899.	19,631.	30,561.	26,000.	24,001.	543,092.	0
	(ii) 0	0	0	0	0	0	0
10 ALBERT J. EDWARDS CHIEF INVESTMENT OFFICER	(i) 570,167.	502,033.	0	26,000.	23,476.	1,121,676.	0
	(ii) 0	0	0	0	0	0	0
11 DANIEL KNOWLES, MD CHAIR & PROFESSOR OF PATHOLOGY	(i) 426,630.	0	1,456,909.	36,150.	44,297.	1,963,986.	0
	(ii) 0	0	0	0	0	0	0
12 ROBERT A. BUHRMAN SR VP FOR RESEARCH	(i) 370,102.	0	17,500.	26,000.	15,255.	428,857.	0
	(ii) 0	0	0	0	0	0	0
13 STEPHEN M. COHEN EXECUTIVE VICE PROVOST	(i) 862,268.	0	84,967.	36,150.	44,938.	1,028,323.	0
	(ii) 0	0	0	0	0	0	0
14 ZEV ROSENWAKS, MD DIRECTOR COHEN CNTR RPRDC MED	(i) 313,287.	0	5,284,036.	36,150.	33,951.	5,667,424.	0
	(ii) 0	0	0	0	0	0	0
15 HEY-JOO KANG, MD PROF. OBS GYN & REPRODUCT MED	(i) 87,436.	0	3,432,763.	15,150.	32,749.	3,568,098.	0
	(ii) 0	0	0	0	0	0	0
16 STEVEN D. SPANDORFER, MD PROF. OBS GYN & REPRODUCT MED	(i) 97,272.	0	3,356,549.	36,150.	36,331.	3,526,302.	0
	(ii) 0	0	0	0	0	0	0

Schedule J (Form 990) 2014

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

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

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

(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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THEODORE SCHWARTZ, MD PROF. OF NEUROLOGICAL SURGERY	(i)	229,947.	0	3,163,167.	25,650.	34,781.	3,453,545.	0
	(ii)	0	0	0	0	0	0	0
2 PAK H. CHUNG, MD PROF. OBS GYN & REPRODUCT MED	(i)	103,521.	0	3,253,868.	36,150.	32,616.	3,426,155.	0
	(ii)	0	0	0	0	0	0	0
3 ANTHONY GOTTO, MD FMR OFCR/DEAN OF WMC/PROVOST	(i)	769,154.	0	4,944.	409,320.	182,227.	1,365,645.	0
	(ii)	0	0	0	0	0	0	0
4 ROSEMARY J. AVERY FMR TRUSTEE/CHAIR DEPT. MGMT	(i)	229,754.	0	77,722.	38,505.	12,893.	358,874.	0
	(ii)	0	0	0	0	0	0	0
5 NELSON G. HAIRSTON FMR TRUSTEE/PROF. ENVRNM SCI.	(i)	179,665.	0	2,594.	18,413.	20,341.	221,013.	0
	(ii)	0	0	0	0	0	0	0
6 BETH MCKINNEY FMR TRUSTEE/DIR. WELLNESS PRGM	(i)	82,438.	0	0	8,806.	18,764.	110,008.	0
	(ii)	0	0	0	0	0	0	0
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to 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.

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 PROVIDES THE EXPENSES LISTED IN SCHEDULE J, PART I, LINE 1A TO DAVID J. SKORTON, PRESIDENT AND LAURIE GLIMCHER, DEAN AND PROVOST OF MEDICAL AFFAIRS. WHERE BENEFITS ARE TAXABLE, SUCH AMOUNTS ARE INCLUDED AS TAXABLE WAGES ON THEIR RESPECTIVE FORMS W-2.

SCHEDULE J, PART I, LINE 4B

THE PRESIDENT 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 2014.

SCHEDULE J, PART I, LINE 7

BONUS PAYMENTS ARE PROVIDED TO INDIVIDUALS IN RECOGNITION OF ACCOMPLISHMENTS OF SPECIFIC GOALS OR OVERALL PERFORMANCE.

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART II, LINE 7

HARRY KATZ STARTED HIS TERM AS INTERIM PROVOST ON NOVEMBER 14, 2014.

PRIOR TO SERVING AS INTERIM PROVOST, HARRY KATZ SERVED AS THE DEAN OF THE SCHOOL OF INDUSTRIAL AND LABOR RELATIONS. THE BALANCE OF COMPENSATION REPORTED ON THE FORM 990 PART VII AND SCHEDULE J PART II IS THE COMPENSATION PAID FOR HIS SERVICES AS THE DEAN OF INDUSTRIAL AND LABOR RELATIONS AND FOR HIS TWO MONTHS SERVING AS INTERIM PROVOST.

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.

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A TCIDA (SERIES 2008A \$70 MILLION PAR)	16-1214039	8900999EQ3	06/23/2010	75,307,598.	REFUND 2008 BONDS (1/30/2008)		X		X		X
B DASNY (SERIES 1990B - \$50.45 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 - \$92.1 MILLION PAR)	14-6000293	64983TRF2	05/27/2004	92,100,000.	SEE SUPPLEMENTAL INFORMATION		X		X		X
D DASNY (SERIES 2006A - \$250 MILLION PAR)	14-6000293	64983QL98	05/11/2006	258,479,025.	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		7,430,000.		13,200,000.		20,600,000.		92,205,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue		75,307,598.		55,997,134.		92,663,883.		261,813,216.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		520,432.				842,345.		1,698,799.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		74,787,166.		55,997,134.		50,376,296.		79,584,039.
12 Other unspent proceeds						41,445,242.		180,530,378.
13 Year of substantial completion	2010		2010		2006		2008	
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	

CORNELL

Supplemental Information on Tax-Exempt Bonds
► Complete if the organization answered "Yes" on 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.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

CORNELL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2014

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) Pooled 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 - \$285,000,000)		14-6000293	649905R99	06/09/2010	310,560,097.	SEE SUPPLEMENTAL INFORMATION		X		X		X
C DASNY CP PROGRAM (MAY 12, 2011 TAX CERTIFICATE)		14-6000293	649831000	05/12/2011	59,000,000.	FINANCE CAPITAL PROJECTS		X		X		X
D DASNY (SERIES 2008B&C - \$127.785 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		23,540,000.			6,110,000.			12,670,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue		312,520,924.		301,900,097.		59,000,038.		139,688,300.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds		16,444,611.		29,036,727.				
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		2,307,605.		2,113,328.				770,300.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		141,571,634.		218,375,984.		17,845,038.		
11 Other spent proceeds		152,197,074.		52,374,058.		41,155,000.		138,918,000.
12 Other unspent proceeds								
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	

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

Part III Private Business Use (Continued)

CORNELL

	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		.5100 %		.1300 %		.0200 %		.0500 %
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		.5900 %		.0400 %		.0300 %		.0200 %
6 Total of lines 4 and 5		1.1000 %		.1700 %		.0500 %		.0700 %
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 non-governmental 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		%		%		%		%
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?	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								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part III Private Business Use (Continued)

CORNELL

	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		.0400	%			.0100	%	
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		.0500	%			.0100	%	
6 Total of lines 4 and 5		.0900	%			.0200	%	
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 non-governmental 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			%				%	
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?	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								
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)?								
b Name of provider		X		X		X		X
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).

[illegible]

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)?								
b Name of provider		X		X		X		X
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).

[illegible]

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

SERIES 2008A

PART I

REFUND 2008 TCIDA BONDS (ISSUED JANUARY 30, 2008).

PART IV, QUESTION 2

ARBITRAGE REBATE COMPUTATION COMPLETED 9/12/2012.

SERIES 1990B

PART IV, QUESTION 2

SERIES 1990B BONDS REFINANCE EXISTING DEBT WITH NO NEW MONEY COMPONENT.

EXEMPT FROM REBATE CALCULATION.

2004 BONDS

PART I

REFUNDED 1998 TAX EXEMPT COMMERCIAL PAPER (\$40,805,000) AND FINANCED NEW

PROJECTS.

PART IV, QUESTION 2

ARBITRAGE REBATE CALCULATION COMPLETED 7/24/2007.

SERIES 2006

PART I

REFUNDED 1996 BONDS (63,717,543 DATE OF ISSUE 6/20/1996); REFUNDED

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

TAXABLE CP (\$40,000,000); REFUNDED TAX EXEMPT CP (\$75,000,000); AND FINANCED CAPITAL CONSTRUCTION OF THE ITHACA AND WEILL MEDICAL COLLEGE CAMPUSES.

PART IV, QUESTION 2

ARBITRAGE REBATE CALCULATION COMPLETED 5/31/2008.

SERIES 2009

PART I

REFUND \$150 MILLION OF TAX-EXEMPT CP AND FINANCE CAPITAL PROJECTS ON ITHACA AND WEILL MEDICAL COLLEGE CAMPUSES.

PART IV, QUESTION 2

ARBITRAGE REBATE CALCULATION COMPLETED 4/30/2012.

SERIES 2010

PART I

REFUNDED \$50 MILLION OF TAXABLE DEBT AND FINANCED CONSTRUCTION OF A MEDICAL BUILDING ON THE WEILL MEDICAL COLLEGE CAMPUS.

PART III

REFUNDED \$50 MILLION OF COMMERCIAL PAPER AND FINANCED NEW BUILDING AT WEILL MEDICAL CAMPUS.

PART IV, QUESTION 2

ARBITRAGE REBATE CALCULATION COMPLETED 7/31/2012.

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

SERIES 1998 COMMERCIAL PAPER

PART I

FINANCE CAPITAL CONSTRUCTION ON ITHACA AND WEILL MEDICAL COLLEGE

CAMPUSES.

PART IV, QUESTION 2

ARBITRAGE REBATE CALCULATION COMPLETED 5/12/2013.

SERIES 2008 B&C

PART I

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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$												

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

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) ENNEAD ARCHITECTS LLP	TRUSTEE-RODRIGUEZ	2,057,780.	PURCHASE OF SERVICES		X
(2) FIRST RESERVE FUNDS	TRUSTEE-MACAULAY	1,911,718.	DISTRIBUTION TO UNIV		X
(3) KIONIX	TRUSTEE-GALVIN	698,157.	ROYALTIES PAID TO UNIV		X
(4) M/C PARTNERS	TRUSTEE-CROLL	518,182.	DISTRIBUTION TO UNIV		X
(5) P. DESTEFANO	OFFICER-SPOUSE	86,245.	COMPENSATION		X
(6) R. DAVISSON	OFFICER-SPOUSE	256,339.	COMPENSATION		X
(7) S.B. ASHLEY MANAGEMENT CO.	FORMER TRUSTEE - ASHLEY	339,024.	RE MNGT FEES PAID BY UNIV		X
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Noncash Contributions

- ▶ **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.**

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Employer identification number

15-0532082

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	32 .	700,910 .	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		573,483 .	APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles	X	1 .	5,000 .	APPRAISAL
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1,450 .	52,451,950 .	APPRAISAL
10 Securities - Closely held stock	X	7 .	995,690 .	APPRAISAL
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	2 .	23 .	APPRIASAL
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1 .	75,000 .	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other	X	1 .	30,000 .	APPRAISAL
18 Collectibles	X	2 .	50,000 .	APPRAISAL
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		77 .	5,301,228 .	
26 Other ▶ (<u> </u>)				
27 Other ▶ (<u> </u>)				
28 Other ▶ (<u> </u>)				

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 **29** 30 .

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) (2014)

JSA

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PAGE 102

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COMPUTERS	X	3.	68,000.	APPRAISAL
MUSICAL EQUIPMENT	X	1.	32,000.	APPRAISAL
NON-CAPITAL EQUIPMT	X	51.	5,116,208.	APPRAISAL
HORSES	X	22.	85,020.	APPRAISAL
TOTALS		<u>77.</u>	<u>5,301,228.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

15-0532082

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS TO PROVIDE UNDERGRADUATE AND GRADUATE
DEGREE PROGRAMS, DISCOVER, PRESERVE, AND DISSEMINATE KNOWLEDGE, PRODUCE
CREATIVE WORK AND PROMOTE A CULTURE OF BROAD INQUIRY.

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES

OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE, BUT ARE NOT LIMITED TO,
THE LAND-GRANT MISSION, ACADEMIC CONFERENCES, PUBLICATIONS AND ROOM AND
BOARD FOR THE STUDENT BODY.

FORM 990, PART VI, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE ONLY CHANGES MADE TO THE UNIVERSITY BY-LAWS WERE APPROVED BY THE
BOARD ON JANUARY 30, 2015. AMENDMENTS TO ARTICLE III, SECTION 1, ADDED
LANGUAGE TO DELEGATE "OVERSIGHT" (BUT NOT FINAL GOVERNANCE AUTHORITY) TO
A BOARD OF OVERSEERS FOR CORNELL NYC TECH AND THE DESIGNATION OF
"STANDING COMMITTEES" TO COMMITTEES OF THE BOARD. AMENDMENTS TO ARTICLE
III, SECTION 12 ADDED LANGUAGE TO ESTABLISH A COMMITTEE OF THE BOARD -
THE COMMITTEE ON COMPENSATION.

FORM 990, PART VI, LINE 7A

POWER TO ELECT OR APPOINT MEMBERS

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

PURSUANT TO THE UNIVERSITY'S CHARTER, THE BOARD OF TRUSTEES CONSISTS OF 64 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.

FORM 990, PART VI, LINE 11B

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 FORM 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.

FORM 990, PART VI, LINE 12C

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

POLICY

INFORMATION ON MONITORING CONFLICT OF INTEREST: UNDER THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, OTHER KEY EMPLOYEES, AND FACULTY MEMBERS MUST FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT. ANY CONFLICT IDENTIFIED IS REPORTED TO THE APPROPRIATE OFFICE RESPONSIBLE FOR MANAGING THE CONFLICT, SUCH AS THE REAL ESTATE OFFICE FOR REAL ESTATE MATTERS. THIS PROCEDURE IS DESIGNED TO HELP ENSURE THAT SUCH TRANSACTIONS ARE SUBJECT TO ADDITIONAL REVIEW AND AUTHORIZATION.

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

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

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.

FORM 990, PART VI, LINES 12-14

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. THE CORNELL UNIVERSITY POLICY PROMULGATION PROCESS WAS ESTABLISHED IN 1991. THE CURRENT POLICY PROMULGATION PROCESS DOES NOT REQUIRE THAT EVERY POLICY BE APPROVED BY THE BOARD OF TRUSTEES. WHILE CORNELL DOES NOT HAVE 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 HAS BEEN DELEGATED TO EACH EXECUTIVE BY

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

THE AUDIT COMMITTEE IN 1991.

FORM 990, PART VI, LINE 15

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; ALL EMPLOYEES WHO OCCUPY CERTAIN ROLES SUCH AS DEAN AND VICE PRESIDENT; AND ALL EMPLOYEES WHOSE COMPENSATION EXCEEDS A PRE-ESTABLISHED THRESHOLD. THE VICE PRESIDENT 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 TO THE EXECUTIVE COMMITTEE OF THE BOARD.

IN ADDITION, THE UNIVERSITY MAINTAINS CONTEMPORANEOUS WRITTEN RECORDS OF THE PROCEDURES THAT, TOGETHER WITH THE FOREGOING, GIVE RISE TO A REBUTTABLE PRESUMPTION OF REASONABLENESS. NOTE: COMPENSATION PROPOSALS WHICH OCCUR OUTSIDE THE SPRING TIMELINE AND REQUIRE COMPENSATION COMMITTEE AND/OR EXECUTIVE COMMITTEE APPROVAL ARE PRESENTED FOR REVIEW

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

AND APPROVAL IN A 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.

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.

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.

FORM 990, PART VIII, PART IX AND X

CURRENT YEAR REVENUE AND EXPENSE PRESENTS DATA OF CORNELL UNIVERSITY DECONSOLIDATED ON EACH LINE FROM ITS RELATED ORGANIZATIONS THAT ARE INCLUDED IN CORNELL'S CONSOLIDATED FINANCIAL STATEMENTS. PRIOR YEAR REVENUE AND EXPENSE WERE PRESENTED ON A CONSOLIDATED BASIS WITH THE DECONSOLIDATION PRESENTED IN THE RECONCILIATION BETWEEN THE FORM 990 AND THE CONSOLIDATED FINANCIAL STATEMENTS. BOTH FORMS 990 DISCLOSE COMPLETE

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

AND ACCURATE INFORMATION REGARDING CORNELL UNIVERSITY.

BOTH THE BEGINNING OF YEAR AND END OF YEAR BALANCE SHEETS FOR CORNELL UNIVERSITY HAVE BEEN PRESENTED DECONSOLIDATED FROM THE RELATED ORGANIZATIONS INCLUDED IN CORNELL'S CONSOLIDATED FINANCIAL STATEMENTS.

FORM 990, PART VIII, 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.

FORM 990, PART XI, LINE 9

OTHER CHANGES TO NET ASSETS:

FAS 158	(\$47,422,157)
---------	----------------

LOSS ON SWAP TERMINATION	(\$16,419,094)
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CHANGES IN FMV OF SPLIT INTEREST	(\$12,050,378)
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TOTAL	(\$75,891,600)
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ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

AUSTRALIA

FRANCE

HONG KONG

ITALY

LUXEMBOURG

NEPAL

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

ATTACHMENT 1 (CONT'D)FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

QATAR

UNITED KINGDOM

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LECHASE CONSTRUCTIONS SERVICES LLC 205 INDIGO CREEK DR ROCHESTER, NY 14626	CONSTRUCTION	9,496,477.
SEDGWICK BUSINESS INTERIORS LLC 100 W COURT ST SYRACUSE, NY 13204	BUSINESS EQUIPMENT	4,042,543.
PRODUCTION GLUE LLC 341 W 38TH ST FL 14 NEW YORK, NY 10018	TECH. CONSULTANT	3,246,112.

Name of the organization

CORNELL UNIVERSITY

Employer identification number

15-0532082

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SKIDMORE OWINGS & MERRILL LLP 14 WALL ST NEW YORK, NY 10005	LEGAL	3,237,050.
FCRC CU TECH DEVELOPMENT LLC 1 METROTECH CENTER BROOKLYN, NY 11201	CONSTRUCTION	2,478,048.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME FROM PARTNERSHIPS	118,196,984.		7,837,629.	110,359,355.
TOTALS	<u>118,196,984.</u>		<u>7,837,629.</u>	<u>110,359,355.</u>

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

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.

2014

Open to Public
Inspection

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, UK N16 78J	UK DONATIONS	UK	60,212.	29,332.	CORNELL UNIV
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) CORNELL CENTER OF NEW YORK 6 EAST 44TH ST NEW YORK, NY 10017	SOCIAL CLUB	NY	501(C)(7)	9	CORNELL UNIV	X	
(2) MRSI MANAGEMENT, INC. 575 LEXINGTON AVE NEW YORK, NY 10022	MEDICAL SERV	NY	501(C)(3)	11D TYPEIII	CORNELL UNIV	X	
(3) CORNELL REAL PROPERTY SERVICES, INC. 15 THORNWOOD DR ITHACA, NY 14850	PROPERTY SERV	NY	501(C)(3)	11D TYPEIII	CORNELL UNIV	X	
(4) CORNELL RESEARCH FOUNDATION, INC. CORNELL UNIV, DAY HALL ITHACA, NY 14850	HOLDS IP PROP	NY	501(C)(2)	9	CORNELL UNIV	X	
(5) SAMUEL CURTIS JOHNSON FOUNDATION 130 SENECA PLACE ITHACA, NY 14850	SUPPORT ORG	NY	501(C)(3)	11C TYPEIII	CORNELL UNIV	X	
(6) CORNELL UNIVERSITY FOUNDATION 130 SENECA PLACE ITHACA, NY 14850	SUPPORT ORG	NY	501(C)(3)	11A TYPE I	CORNELL UNIV	X	
(7) ROBERT J. MIN, M.D., P.C. 575 LEXINGTON AVE NEW YORK, NY 10022	MEDICAL SERV	NY	501(C)(3)	9	CORNELL UNIV	X	

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

Schedule R (Form 990) 2014

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CORNELL UNIVERSITY

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

Employer identification number

15-0532082

Open to Public
Inspection

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	THE FRNDS OF THE CORNELL LAB OF ORN INC 1209 ORANGE ST WILMINGTON, DE 19801	SUPPORT ORG	DE	501(C)(3)	11A TYPE I	N/A		X
(2)	NY WEILL CORNELL MEDICAL CTR FUND, INC. 575 LEXINGTON AVENUE SUITE 9TH NEW YORK, NY 10022	SUPPORT ORG	NY	501(C)(3)	11A TYPE I	CORNELL UNIV	X	
(3)	CORNELL MEDICAL BENEFITS TRUST 10 S. DEARBORN, IL1-0117 CHICAGO, IL 60603	SUPPORT ORG	IL	501(C)(3)	11A TYPE I	CORNELL UNIV	X	
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2014

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ITHACA LP 35 THORNWOOD ITHACA, NY 14850	INVESTMENTS	JE	CORNELL UNIV	RELATED	-4,213,004.	42,359,461.		X			X	100.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	DIST LEARNING	NY	CORNELL UNIV	C CORP	1.	1.	1. 100 .0000	X	
(2) LENROC CORPORATION 15 THORNWOOD DR ITHACA, NY 14850	REAL ESTATE	NY	CORNELL UNIV	C CORP	1.	1.	1. 100 .0000	X	
(3) UNIVERSITY VETERINARY SPECIALISTS, INC 800 CANAL ST STAMFORD, CT 06902	VET SERVICES	CT	CORNELL UNIV	C CORP	770,202.	8,701,190.	100 .0000	X	
(4) CHARITABLE REMAINDER TRUSTS (43)	INVESTMENT	NY	CORNELL UNIV					X	
(5) CHARITABLE LEAD TRUSTS (6)	INVESTMENT	NY	CORNELL UNIV					X	
(6)									
(7)									

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1b
b Gift, grant, or capital contribution to related organization(s)	1c	1d
c Gift, grant, or capital contribution from related organization(s)	1e	1f
d Loans or loan guarantees to or for related organization(s)	1g	1h
e Loans or loan guarantees by related organization(s)	1i	1j
f Dividends from related organization(s)	1k	1l
g Sale of assets to related organization(s)	1m	1n
h Purchase of assets from related organization(s)	1o	1p
i Exchange of assets with related organization(s)	1q	1r
j Lease of facilities, equipment, or other assets to related organization(s)	1s	1t
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)		

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
(1) UNIVERSITY VETERINARY SPECIALISTS, INC.	A	415,193.	FMV
(2) UNIVERSITY VETERINARY SPECIALISTS, INC.	F	400,000.	FMV
(3) CORNELL UNIVERSITY FOUNDATION UK, LTD	C	75,460.	FMV
(4) UNIVERSITY VETERINARY SPECIALISTS, INC.	S	158,212.	FMV
(5) SAMUEL CURTIS JOHNSON FOUNDATION	C	2,642,149.	FMV
(6) CORNELL REAL PROPERTY SERVICES, INC.	L	50,000.	FMV

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s).	1s	

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
(1)	CORNELL UNIVERSITY FOUNDATION	C	13,693,987.	FMV
(2)	MRSI MANAGEMENT, INC.	P	1,911,496.	FMV
(3)	MRSI MANAGEMENT, INC.	Q	168,239.	FMV
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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