Department of the Treasury

DLN: 93493126025071

OMB No. 1545-0047

2019

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		enue Service	1						
			alendar year, or tax year beg C Name of organization	inning 07-01-2019 , and ending	g 06-30-	2020	D Empley		ification number
		applicable: change	Cornell University						ification number
□ Na		-	% UNIVERSITY CONTROLLER				15-053	2082	
☐ Ini			Doing business as						
		n/terminated d return	Number and street (or P.O. hox if	mail is not delivered to street address) F	Room/suite		E Telepho	ne numb	er
		ion pending	341 PINE TREE ROAD	man is not delivered to street address)	rtoorny suite		(607) 2	255-379	0
				ountry, and ZIP or foreign postal code			(/-		<u>-</u>
			ITHACA, NY 14850				G Gross re	eceipts \$	10,334,264,099
			F Name and address of princi			H(a) Is this	a group re	turn fo	
			MARTHA E POLLACK PRESIDE! 341 PINE TREE ROAD	NT			dinates?		□Yes ☑ No
			ITHACA, NY 14850			H(b) Are al includ		tes	☐ Yes ☐No
I Tax	(-exei	mpt status:	☑ 501(c)(3) □ 501(c)()	◀ (insert no.) ☐ 4947(a)(1) or ☐	527			list. (se	e instructions)
J W	ebsit	te:► WW	/W.CORNELL.EDU			H(c) Group	exemption	numbe	er 🕨
K Forn	n of o	rganization:	: 🗹 Corporation 🗌 Trust 🔲 As	sociation Other ►	L	. Year of forma	tion: 1865	M Stat	e of legal domicile: NY
Pa	ırt I	Sumi	mary						
			scribe the organization's mission	_					
ıce	-	EDUCATIO	JN, RESEARCH, MEDICAL SERVI	CES AND OTHER PUBLIC SERVICES.	•				
nar L									
Ver	_ `	Charlethi	:- h-v &	discontinued its operations or dispos		then 350/	-6 itt -		
Governance			of voting members of the govern		ea or mo	re man 25%	or its net a	3 3	64
	4	Number o	of independent voting members	of the governing body (Part VI, line	1b) .			4	. 59
Activities &	5	Total num	nber of individuals employed in	calendar year 2019 (Part V, line 2a)				5	43,316
\$	6	Total num	nber of volunteers (estimate if n	ecessary)				6	3,233
Ä	7a	Total unre	elated business revenue from Pa	art VIII, column (C), line 12				7	-19,764,545
	b	Net unrel	ated business taxable income fr	om Form 990-T, line 39				71	b
						Pri	or Year		Current Year
<u>9</u> :	8	Contribut	tions and grants (Part VIII, line 1	h)			420,726,	543	511,045,03
Ravenue	9	Program :	service revenue (Part VIII, line 2	g)			4,196,591,	407	4,280,021,51
Ę.				, lines 3, 4, and 7d)			350,951,		298,866,00
			enue (Part VIII, column (A), line				33,717,		36,760,76
				nust equal Part VIII, column (A), line	12)	-	5,001,986,		5,126,693,310
				, column (A), lines 1–3)			676,428,		708,896,520
				column (A), line 4)			2 946 E01	0	2.064.660.80
Expenses			other compensation, employee onal fundraising fees (Part IX, col	benefits (Part IX, column (A), lines 5	5-10)		2,846,581,		2,964,660,803 1,037,423
<u>8</u>			raising expenses (Part IX, column (D	, , ,	•		1,180,	030	1,037,42.
ሿ			- ' ' '	s 11a–11d, 11f–24e)			1,344,100,	896	1,504,310,640
				qual Part IX, column (A), line 25)			4,868,291,		5,178,905,38
		•	·	from line 12			133,695,		-52,212,06
رة ج دو ع						Beginning	of Current \		End of Year
Net Assets or Fund Balances	20	Total acce	ets (Part X, line 16)			1	3,646,556,	749	14,446,875,15
AB							3,220,036,		4,426,053,30
SE.			s or fund balances. Subtract line		-		0,426,520,		10,020,821,856
Pa			ature Block						
				mined this return, including accomp					
knowi any k			er, it is true, correct, and comple	te. Declaration of preparer (other th	ian officei	r) is based of	n all inform	ation of	r wnich preparer has
		TA							
		Signatu	ure of officer			202 Date	1-05-04 e		
Sign Here		100000	E M DECTEEANO EVE A CEO						
			E M DESTEFANO EVP & CFO r print name and title						
		17	rint/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	i					Che		P003665	26
Pre		er 🕞	irm's name	LLP			ı's EIN ►		
Use		<u> </u>	irm's address ▶ 7676 FORSYTH BLVD	STF 2600		Dh-	ne no. (314)	200-100	n
		, ''	CLAYTON, MO 6310			100	ne no. (314)	290-100	•
M	L - TD		this return with the preparer sh						Ves No

Form	990 (2019)						Page 2
Pa	rt III Stateme	nt of Program Se	rvice Accomplis	hments			
	Check if Sc	hedule O contains a r	esponse or note to	any line in this Part III			🗹
1	Briefly describe th	e organization's missi	on:				
SEE :	SCHEDULE O						
	Did the organization	on undertake anv sigr	nificant program ser	vices during the year	which were not listed o	ın	
_	the prior Form 990	· -					☐ Yes ☑ No
	•	these new services or	Schedule O.				
3	•			changes in how it con	ducts, any program		
	•		-				☐ Yes 🗹 No
	If "Yes," describe	these changes on Sch	edule O.				
4	Section $501(c)(3)$		zations are required	I to report the amount	e largest program serv of grants and allocatio		
	(Code:) (Expenses \$	1,544,132,000	including grants of \$	472,428,987) (Re	venue \$	1,231,320,717)
	See Additional Data						
4b	(Code:) (Expenses \$	1,356,572,000	including grants of \$	0) (Re	venue \$	1,031,162,034)
	See Additional Data						
4c	(Code:) (Expenses \$	881,282,096	including grants of \$	236,467,533) (Re	venue \$	881,282,096)
	See Additional Data						
4d	Other program se	rvices (Describe in Sc	hedule O.)				
	(Expenses \$	1,101,677,602	including grants of	\$	0) (Revenue \$	1,136,	256,668)
4e	Total program s	ervice expenses >	4,883,663,6	98			

Pai	t IV	Checklist of Required Schedules			
				Yes	No
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete dule A</i>	1	Yes	
2	Is the	organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕏	2	Yes	
3	Did th	ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If "Yes," complete Schedule C, Part I	3		No
4		on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) on in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
5		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	to pro	ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right ovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete dule D, Part I	6		No
7	Did th	ne organization receive or hold a conservation easement, including easements to preserve open space, nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did th	ne organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	8	Yes	
9	Did th	ne organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If "Yes," complete Schedule D, Part IV	9		No
10	Did th	ne organization, directly or through a related organization, hold assets in temporarily restricted endowments, anent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
а		ne organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete dule D, Part VI.	11a	Yes	
b	Did th	ne organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total s reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	total a	ne organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d		ne organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported at X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d	Yes	
е	Did th	ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f		ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a		ne organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		No
b	Was t	dule D, Parts XI and XII	12a	Yes	NO
13		e organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did th	ne organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did th	ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments d at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did th	the organization? If "Yes," complete Schedule F, Parts I and IV	15	Yes	
16	Did th	ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did th	ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, on (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did th	ne organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19		ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," lete Schedule G, Part III	19		No
20a	Did th	ne organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Ye	s" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		ne organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic rement on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	. ,			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44,178 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Yes	

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3					
	Enter the number of employees reported on Form W-3, Transmittal of Wage and								
	Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	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	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes						
_	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	Yes						
	If "Yes," enter the name of the foreign country: ►UK , AS , IT , HK , QA , IN , CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No					
		5b 5c							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No					
	solicit any contributions that were not tax deductible as charitable contributions?	- Va							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes						
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 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:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No					

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	nse to i	ines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 64		Yes	No
14	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 59			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Coae	Yes	No No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ь	taxable entity during the year?	16a	Yes	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , DC , FL , GA , , ME , MD , MA , MI , MN , MS , MO , NV , I , ND , OH , OK , OR , PA , RI , SC , TN , UT	NH , NJ	, NM ,	NY,NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: •UNIVERSITY CONTROLLER 341 PINE TREE ROAD ITHACA, NY 148502820 (607) 255-3581			2 (2222

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
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■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's tax
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no												
■ 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. See instructions for the order in which to list the persons above. 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		(A) Name and title Average hours per week (list any hours for related				t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

4,166,471

4,148,640

Form 990 (2019)

DEFERRED COMPENSTION

Page 8

	Section A. Officers, Direct	, '	,,			,				•				
	(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	οx, ι n of	t che unles ficer	and a	son	Rep comp fro orga	(D) (E) eportable Reportable ppensation compensat rom the from relat ganization organizatio			(F) Estima amount o compens from t	ited f other sation the
		for related	0 =		Го	大	ФI	-		2/1099-	(W-2/1099-	(organizati	
		organizations below dotted	교를	ns	Officer	÷.	등학	18	M	IISC)	MISC)		relate organiza	
		line)	क्रिके	Ē	堇	93	Ş	Former					organiza	1110115
		,	डुंड	ŝ		퇗	စီ ဗွ							
			Individual trustee or director	Institutional Truste		Key employee	∄							
) Š	20		"	Š							
				T.			Highest compensated employee							
							2							
See	Additional Data Table													
												\top		
												+		
												+		
												+		
1b 9	Sub-Total						▶				•	Г		
	Total from continuation sheets to Pa	•					▶[
_ d 1	Total (add lines 1b and 1c)						>		42,	829,362	(1,053,775
2	Total number of individuals (including			e liste	ed a	bove	e) who	rec	eived mo	ore than \$1	00,000			
	of reportable compensation from the	organization 🟲	5,192											
													Yes	No
3	Did the organization list any former of										employee on			
	line 1a? If "Yes," complete Schedule 3	for such individ	dual .					•				3	Yes	
4	For any individual listed on line 1a, is	the sum of repo	ortable (comp	ensa	ation	and c	other	comper	sation from	n the			
	organization and related organization	s greater than \$	150,00	0? <i>If</i>	"Yes	," c	omplet	te Sc	hedule J	for such				
	individual			•	•	•	•				[4	Yes	
5	Did any person listed on line 1a receive									ition or indi	vidual for			
	services rendered to the organization	?If "Yes," compl	ete Sch	edule	J fo	or su	ich pei	rson			[5		No
Se	ection B. Independent Contract	ors									_			
1	Complete this table for your five higher from the organization. Report comper											pens	sation	
		(A)									(B)		(C	
BNY	Name a MELLON,	and business addre	ess							INVESTMEN	ription of services	\dashv	Compen 35	sation .914,015
101 E	BARCLAY STREET YORK, NY 10007										· -			
	EX PROPERTY OWNER LLC, DX 780236									CONSULTIN	g		13	184,193

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

156 WILLIAM STREET OWNER LLC,

compensation from the organization ▶ 230

PO BOX 1316 BOSTON, MA 022419779

EW YORK, NY 10007		
75 LEX PROPERTY OWNER LLC, O BOX 780236	CONSULTING	13
HILADELPHIA, PA 19178		

575 PO

PHI CONSULTING

GEMINI CONSULTING SERVICES LLC, 7,767,235

3636 S GEYER ROAD SUITE 270 SUNSET HILLS, MO 63127 FRANCIS J PAOLANGELI, CONSTRUCTION

226 CECIL A MALONE DR STE 1

ITHACA, NY 14850

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

		(2019)								Page 9
Part	VIII				rocno	nco or noto to any	line in this Bort VIII			🗹
		Check ii Sched	<u>uuie</u>	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	a Federated campa	aigns	s [1a		•	'		
ant		b Membership due	s.	. [1 b	800,295				
G. G.		c Fundraising ever	nts .	. [1c	3,853,214				
ifts ar A		d Related organiza		L	1d	27,648,534				
s, G imil		e Government grants		Ĺ	1e	38,513,453				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contribution and similar amount above	s not	included	1f	440,229,536				
i i i		g Noncash contribution lines 1a - 1f:\$	ons in	ciuded in	1g	75,750,431				
Cor		h Total. Add lines	1a-1	f		•	511,045,032			
						Business Code	311,013,032	T		
	2a	EDUCATION: TUITIO	N			900099	1,231,320,717	1,231,320,717		
venue	b	GRANTS & CONTRAC	TS FO	OR RESEARCH		900099	881,282,096	881,282,096		
Program Service Revenue	c	MEDICAL SERVICES				900099	1,031,162,034	1,031,162,034		
Serv	d	LAND GRANT MISSIC	ON GO	OVT APPROP.		900099	150,197,898	150,197,898		
ıgram	e	AUXILIARY ENTERPR	ISES	- ROOM & BO	ARD	900099	149,039,724			149,039,724
Pro	f	All other program	serv	rice revenue.			837,019,046	757,115,865	1,411,316	78,491,865
	g	Total. Add lines 2	2a-2	f	. ▶	4,280,021,515	L			
		Investment income				nterest, and other	107,335,101		-39,542,170	146,877,271
		milar amounts)			ond proceeds			,,		
						•	30,692,848	3		30,692,848
				(i) Rea	al	(ii) Personal				
	6 <i>a</i>	Gross rents	6a	5,0	045,070					
	b	Less: rental								
	•	expenses Rental income	66	3,3	336,323					
	·	or (loss)	6с	1,7	708,747		0			
	•	d Net rental income	e or i				1,708,747	,	132,259	1,576,488
	_	C		(i) Securi	ities	(ii) Other	_			
	7a Gross amount from sales of assets other than inventory			858,16	1					
	b	Less: cost or other basis and sales expenses	7b	5,181,3	321,000	5,545,26	50			
		Gain or (loss)	7c		218,000		<u>l</u>			
		d Net gain or (loss)				· · · •	191,530,901		17,523,236	174,007,665
Other Revenue	Oc	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	,853,214 of line 1c).						
Rev	ı	Less: direct expen			8a 8b	369,625				
er		D Net income or (los				, ,		5		-2,733,855
	9a	Gross income from See Part IV, line 19			9a	C				
	ŀ	Less: direct expen	ises		9b	C	0			
	(c Net income or (los	ss) fr	om gaming	activiti	es >)		
	10	a Gross sales of inve	ento	ry less						
	10	returns and allowa	ances	s	10a	21,357,747	7			
	ŀ	Less: cost of good	ls so	ld	10 b	14,264,720				
	•	Net income or (los	_		invent		7,093,027	7	710,814	6,382,213
	11	Miscellaneo La	us R	evenue		Business Code				
	ŀ						+			
					•					
		d All other revenue	•					<u> </u>		
	•	Total. Add lines 1	1a-:	11d		•	0			
	12	2 Total revenue. S	ee ir	nstructions			5,126,693,316		-19,764,545	584,334,219
							3,120,093,910	1,001,070,010	1 12,704,343	Form 990 (2019)

232,632

26,268,112

10,282,742

944,575

522,885

21,282

1,037,421

2,037,094

2,585,798

2,802,112

1,545,850

2,451,560

12,023

54,428

58,459

50,856,973

Form 990 (2019)

Form 990 (2019)							
Part IX Statement of Functional Expenses	s						
Section 501(c)(3) and 501(c)(4) organizat	ions must co	mplete all columns.	All other organization	ons must complete co	lumn (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	Fu e		

2 Grants and other assistance to domestic individuals. See

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15

4 Benefits paid to or for members Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

8 Pension plan accruals and contributions (include section 401

(k) and 403(b) employer contributions)

9 Other employee benefits

c Accounting

e Professional fundraising services. See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

.

f Investment management fees

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

20 Interest 21 Payments to affiliates

expenses on Schedule O.)

c LAB & COMPUTER SUPLIES

d STUDENT AND CAMPUS SERVICES

25 Total functional expenses. Add lines 1 through 24e

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).

12 Advertising and promotion

13 Office expenses . . .

15 Royalties .

17 Travel . .

23 Insurance .

a MAINTENANCE

b MEDICAL SUPPLIES

e All other expenses

16 Occupancy . .

14 Information technology .

10 Payroll taxes

11 Fees for services (non-employees):

a Management **b** Legal

Part IV, line 22 .

7 Other salaries and wages .

xpenses

472,428,987

149,252,061

11,631,623

3,297,722

2,317,580,295

83,337,870

502,680,246

46,133,045

13,971,420

2,169,658

1,037,421

35,914,015

464,989,368

47,201,729

39,952,689

10,189,346

204,452,142

48,547,702

21,341,144

55,059,064

307,847,021

61,440,491

15,029,033

67,175,813

48,750,669

59,612,629

5,178,905,382

666,707

0

n

472,428,987

149,252,061

8,338,073

3,297,722

2,258,452,502

81,211,694

475,915,641

44,956,065

451,949,036

39,715,992

35,957,420

199,017,334

46,433,553

17,000,626

277,062,319

55,296,442

11,821,813

67,165,547

41,994,965

59,180,434

4,883,663,698

3,060,918

32,859,681

1,181,601

16,481,863

13,950,138

2,169,658

666,707

35,914,015

11,003,238

4,899,939

3,995,269

10,189,346

2,632,696

568,299

1,888,958

55,059,064

30,784,702

6,144,049

3,195,197

6,701,276

373,736

244,384,711

10,266

654,095

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(D) ındraising Form 990 (2019)

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

152,323,371

425,374,755

754,894,541

442.343.582

63.210.942

17,934,305

69,307,544

4,157,617,744

1,288,044,050

6,302,601,208

773,223,115

803,459,715

45.419.066

229,981,780

4,841,506

614,890,000

1,680,881,234

4.426.053.301

3.091.336.585

6,929,485,271

10,020,821,856

14,446,875,157

Form 990 (2019)

1.046.580.000

14,446,875,157

0

0

(B) End of year

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

Cash-non-interest-bearing Savings and temporary cash investments . . .

Pledges and grants receivable, net Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net

Assets Inventories for sale or use

Prepaid expenses and deferred charges . . .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . . .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation

Investments—publicly traded securities .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

Capital stock or trust principal, or current funds . . .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10a 10b Investments-program-related. See Part IV, line 11 .

Investments—other securities. See Part IV, line 11

8,288,126,863 4,130,509,119 **Total assets.** Add lines 1 through 15 (must equal line 34) . .

4,213,987,638 10c 1,161,481,462 11 6.474.531.235 12 0 13 0 14 178,713,468 15 13,646,556,749 16 637,521,758 17 44,501,144 18

192,135,950

5,216,129

303,890,000

1,004,101,326

3.220.036.307

3,502,385,121

6,924,135,321

10,426,520,442

13,646,556,749

1.032.670.000

Beginning of year

193,532,521

796,992,646

466.112.839

69.393.649

16,444,496

70,991,565

4,375,230

1

2

3

4

7

9

19

20

22

23

24

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33

0 21

0 5

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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? 2c

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. 3b Yes Form 990 (2019)

Yes

Yes

3a

Additional Data

Software ID:

Software Version:

EIN: 15-0532082

Name: Cornell University

Form 990 (2019)

CAMPUSES OF WEILL CORNELL MEDICAL COLLEGE CONTINUE ON SCHEDULE O

Form 990, Part III, Line 4a: CORNELL UNIVERSITY IS RENOWNED FOR ITS ACADEMIC RIGOR. INTELLECTUAL VIBRANCY, ENTREPRENEURIAL CHARACTER, AND THE DIVERSITY AND QUALITY OF ITS CURRICULA AND AREAS OF MULTIDISCIPLINARY RESEARCH AND STUDY. THE UNIVERSITY'S UNDERGRADUATE, GRADUATE, PROFESSIONAL, POST-DOCTORAL, AND CONTINUING EDUCATION PROGRAMS HAVE A GLOBAL REPUTATION FOR EXCELLENCE AND INNOVATION, CORNELL'S MAIN CAMPUS IS IN ITHACA, NEW YORK, WITH THE

Form 990, Part III, Line 4b: MEDICAL SERVICES, INCLUDING THE TRAINING AND EDUCATION OF PHYSICIANS, IS A PRIMARY COMPONENT OF THE UNIVERSITY'S MISSION. CORNELL IS COMMITTED TO EXCELLENCE IN PATIENT CARE, SCIENTIFIC DISCOVERY, AND THE EDUCATION OF FUTURE PHYSICIANS IN NEW YORK CITY AND AROUND THE WORLD. THE DOCTORS AND SCIENTISTS OF WEILL CORNELL MEDICINE -FACULTY FROM WEILL CORNELL MEDICAL COLLEGE, WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES, AND

THE WEILL CORNELL PHYSICIAN ORGANIZATION- PROVIDE CLINICAL CARE AND RESEARCH THAT CONNECT PATIENTS TO THE LATEST TREATMENT INNOVATIONS AND

PREVENTION STRATEGIES.

Form 990, Part III, Line 4c: CORNELL HAS A LONG TRADITION OF COMBINING SCHOLARLY WORK AND LEADERSHIP IN RESEARCH -BOTH BASIC AND APPLIED- WITH PUBLIC SERVICE AND ENGAGEMENT IN NEW YORK STATE AND AROUND THE WORLD. REVENUES FROM SPONSORED AWARDS INCLUDE \$696,518.653 MILLION IN DIRECT SUPPORT AND \$184.763.443 MILLION IN INDIRECT COST RECOVERY, REVENUES ALSO INCLUDE GRANT AND CONTRACT REVENUE TO SUPPORT PUBLIC OUTREACH AND INSTRUCTION.

THE SINGLE LARGEST PORTION IS RELATED TO RESEARCH.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the and a director/trustee) any hours organization organizations from the

and Independent Contractors

PROFESSOR & CHAIR

ANTONIO M GOTTO MD

AUGUSTINE MK CHOI MD

CHIEF EXECUTIVE OFFICER

CHIEF INVESTMENT OFFICER

KENNETH M MIRANDA

MARTHA E POLLACK

PRESIDENT

ROBERT J MIN MD

FORMER PROVOST & DEAN EMERITUS

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PROVOST FOR MEDL AFFRS & DEAN

	for related organizations below dotted line)	Individual trustee or director	Institutional Trus	Officer	Key employee	Highest compen	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		T·	stee			ısated				
ZEV ROSENWARKS MD PROFESSOR TENURE CLINICAL	55.0					×		8,805,077	0	59,629
HEY-JOO KANG MD ASSOCIATE PROFESSOR	55.0					х		6,039,733	0	62,261
RONY ELIAS MD ASSISTANT PROFESSOR - CLINICAL	55.0					х		4,538,330	0	61,849
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ASSOCIATE PROFESSOR	0.0		^		0,039,733	
RONY ELIAS MD	55.0				4 520 220	
ASSISTANT PROFESSOR - CLINICAL	0.0		X		4,538,330	
STEVEN SPANDORFER MD	55.0				4 22 4 222	
ASSOCIATE PROFESSOR - CLINICAL	0.0		X		4,234,332	
LEONARD GIRARDI MD	55.0					
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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
STEPHEN COHEN	55.0				Х			1,339,474	0	65,805	
EXEC. VICE PROV. FOR ADM & FIN	0.0										
MICHAEL I KOTLIKOFF	55.0			x				752,027	0	104,874	
PROVOST	0.0							, 52,62,	J	101,071	
JOANNE M DESTEFANO CFO & EVP	55.0			х				760,226	0	71,386	
	0.0										
MADELYN F WESSEL	55.0			×				590,931	0	64,004	
UNIV. COUNSEL & SECRETARY	0.0										
HARRY KATZ	55.0										

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HARRY KATZ FORMER OFFICER/CURRENT PROF

MELISSA A HINES

TRUSTEE & PROFESSOR

BRUCE V LEWENSTEIN

TRUSTEE & PROFESSOR

HUNTER R RAWLINGS III

TRUSTEE & SYSTEM ANALYST

MANISHA A MUNASINGHE PHD

TRUSTEE & GRADUATE STUDENT

FORMER PRESIDENT

JERAMY A KRUSER

.........

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARTIN F SCHEINMAN TRUSTEE	2.0	×						1,000	0	0
SHEILA W ALLEN TRUSTEE	0.0 2.0 0.0	×						0	0	0
JAMES JT BAKER TRUSTEE	2.0	Х						0	0	0
RICHARD A BAKER TRUSTEE	2.0	Х						0	0	0

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JAMES ST BAKEK
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RICHARD A BAKER
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MATTHEW L BIBEN

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PETER R CALL

JESSICA M BIBLIOWICZ

JOHN O BOOCHEVER

DAVID J BREAZZANO

DOUGLAS L BRAUNSTEIN

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and Independent Contractors

(A) Name and Title (D) (E) (B) (C) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

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DAVID M EINHORN

STEPHANIE KEENE FOX

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN CERIALE TRUSTEE	2.0	Х						0	0	0
MARIO CILENTO TRUSTEE	2.0	Х						0	0	0
DAVID S COLEN	2.0									

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MARIO CILENTO	2.0						
TRUSTEE	0.0	X			0	0	
DAVID S COHEN	2.0						
TRUSTEE	0.0	X			0	0	
EZRA CORNELL	2.0	~			0		
TRUSTEE	0.0	X			U	U	
CYNTHIA A CUFFIE	2.0						

DAVID 3 COTIEN		X			n	ا	
TRUSTEE	0.0						
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GARY S DAVIS	2.0						
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and Independent Contractors

KRAIG H KAYSER

PEGGY J KOENIG

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WILLIAM LIM

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ELIZABETH C EVERETT KRISBERG

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LINDA M GADSBY	2.0	Х						0	0	0
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LORETTE SIMON GROSS TRUSTEE	0.0	Х						0	0	0
ALEXANDER D HANSON TRUSTEE	2.0	х						0	0	0

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TRUSTEE	0.0						
ROBERT S HARRISON	2.0	×			0	0	
CHAIRMAN	0.0	^					
CARL E HEASTIE	2.0						
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TRUSTEE	0.0				J	,	
CARL E HEASTIE	2.0	X			0	C	
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CHAIRMAN	0.0					Ĭ	
CARL E HEASTIE	2.0	v			0	0	
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	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PAMELA G MARRONE TRUSTEE	2.0	Х						0	0	0
RONALD D McCRAY TRUSTEE	0.0	Х						0	0	0
MARY ARMSTRONG MEDUSKI	2.0	v						0	0	0

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TRUSTEE	0.0
MARY ARMSTRONG MEDUSKI	2.0
TRUSTEE	0.0
MARY JOHN MILLER	2.0

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TRUSTEE

HOWARD P MILSTEIN

HOWARD L MORGAN

BARBARA G NOVICK

LELAND C PILLSBURY

YONN K RASMUSSEN

BRUCE S RAYNOR

VICE CHAIRMAN

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and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from related from the compensation

and Independent Contractors

SUSAN C SCHNABEL

ARYAN SHAYEGANI MD

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J ALLEN SMITH

JAEWON SIM

	any hours				r/tr	ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
GIRISH V REDDY TRUSTEE	0.0	Х						0	0	0
REBECCA BECKIE ROBERTSON TRUSTEE	2.0	Х						0	0	0
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DALE S ROSENTHAL	2.0						ſ
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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

LAURA A WILKINSON

BARTON J WINOKUR

CRAIG YUNKER

CHAIRMAN OF THE EXEC. COMMITTE

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	any hours					orrice (ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANDREA STEWART-COUSINS TRUSTEE	2.0	Х						0	0	0
TRUSTEE	0.0									
BRADLEY H STONE	2.0	X						0	0	0
TRUSTEE	0.0									
RATAN N TATA TRUSTEE	2.0	Х						0	0	0
MICHAEL A TROY TRUSTEE	2.0	Х						0	0	0
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RATAN NI TATA		Х			0	
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ENRIQUE J VILA-BIAGGI	2.0					
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	m 99			rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		the Treasury	► Go to <u>www.irs</u>	s.gov/Form990 for i			ormation.	Open to Public Inspection
Nam	ll Reven e of th I Unive	nue Service ne organiza rsitv	tion				Employer identific	
							15-0532082	
	rt I		for Public Charity Stat a private foundation because				See instructions.	
1			onvention of churches, or as	•	•		(Δ)(i).	
2	□	•	escribed in section 170(b)(
3	<u>~</u>		or a cooperative hospital ser		,	, ,		
4		·	esearch organization operat	-			-	ntor the beenital's
7	Ш	name, city,		ea in conjunction with	a nospital descri	ibed in Section .	170(D)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benef (iv). (Complete Part II.)	J		, ,		bed in section 170
6			tate, or local government of	_				
7			ation that normally receives ' 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sectio n	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization d rant college of agriculture. S					ege or university or a
10		from activit	ation that normally receives ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operate cly supported organizations I through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		organizatio	supporting organization oper n(s) the power to regularly Part IV, Sections A and B	appoint or elect a majo				
b		manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ation vested in the sar				
c		Type III f	unctionally integrated. A organization(s) (see instruct	supporting organizatio				ted with, its
d		Type III n	on-function(s) (see instruction- on-functionally integrated integrated. The organization s). You must complete Pa	ed. A supporting organi on generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-			
g	Provi	de the follow	ing information about the s	upported organization(s).			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the I				Schedule A (Form 9	

Page 2

	If the organization faile	d to qualify unde	r the tests listed	below, please	complete Part II	I.)	
<u>S</u>	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	510,356,488	605,956,875	437,550,675	420,726,543	511,045,032	2,485,635,613
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	43,677,665	62,628,802	58,400,898	56,804,157	52,165,785	273,677,307
4	Total. Add lines 1 through 3	554,034,153	668,585,677	495,951,573	477,530,700	563,210,817	2,759,312,920
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						155,175,746
6	(f) Public support. Subtract line 5						2,604,137,174
_	from line 4. Section B. Total Support						
	Calendar year	(-) 2015	(1-) 2016	(-) 2017	(4) 2010	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	554,034,153	668,585,677	495,951,573	477,530,700	563,210,817	2,759,312,920
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,047,770	98,801,455	99,108,684	98,628,577	90,796,982	489,383,468
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.)		271,446,475	280,199,892	283,271,222	250,300,652	1,085,218,241
11							4,333,914,629
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	19,258,610,920
13	First five years. If the Form 990 is f	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	nization,
	check this box and stop here					`. `. `▶ □]
s	ection C. Computation of Publ						
14	Public support percentage for 2019 (I			column (f))		14	60.087 %
15	Public support percentage for 2018 S					15	61.715 %
	33 1/3% support test—2019. If th						
	and stop here. The organization qua 33 1/3% support test—2018. If t	lifies as a publicly s he organization did	supported organiza not check a box o	ation on line 13 or 16a, a			,▶☑ < this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization part VI how the organization meets	st— 2019. If the orgon meets the "facts	ganization did not -and-circumstance	check a box on lines" test, check this	ie 13, 16a, or 16b, s box and stop he	and line 14 re. Explain	▶□
b	organization	est—2018. If the or ization meets the "f	rganization did not acts-and-circumst	t check a box on li cances" test, check	ne 13, 16a, 16b, o c this box and sto r	r 17a, and line here.	▶□
18	supported organization						▶□

Р	art III Support Schedule for									
	(Complete only if you checked the box on line 10 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.)									
S	the organization falls to ection A. Public Support	quality under t	the tests listed t	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2017	(1) 2010		(C) T			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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									
4	under section 513 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									
D	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. Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support									
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
^	(or fiscal year beginning in) ► Amounts from line 6		· ,	. ,	, ,					
10a	Gross income from interest,									
LUG	dividends, payments received on									
	securities loans, rents, royalties and									
ь	income from similar sources Unrelated business taxable income									
D	(less section 511 taxes) from									
	businesses acquired after June 30,									
	1975.									
_ C	Add lines 10a and 10b. Net income from unrelated business									
11	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,									
14	11, and 12.) First five years. If the Form 990 is for	the organization	l 's first. second. th	l jird. fourth, or fift	l Lax vear as a sec	tion 501(c)(3) o	ganization.			
	check this box and stop here						_			
Se	ection C. Computation of Public S						· · · · · <u> </u>			
15										
16	6 Public support percentage from 2018 Schedule A, Part III, line 15									
	ection D. Computation of Investr	nent Income	Percentage			i I				
17	Investment income percentage for 201			line 13, column (f))	17				
18	Investment income percentage from 20	018 Schedule A,	Part III, line 17 .			18				
	331/3% support tests-2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than		e 17 is not			
	more than 33 1/3%, check this box and s									
	33 1/3% support tests—2018. If the									
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	▶ □			
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	. ▶□			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8

complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c				
S	ection 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.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-				
2	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	2				
	organization.					
S	ection C. Type II Supporting Organizations			1		
			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	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		14			
_			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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).					
_		2				
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.	3				
S	ection 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 instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
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.	2a				
	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.					
2		2b				
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 approximation approximation of the provided details in Part VI. 	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h				

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
Distributable amount for 2019 from Section C, line 6			

details in Part VI). See instructions		(
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2019:					
a From 2014					
b From 2015					
c From 2016					
d From 2017					
e From 2018.					

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Additional Data

Software ID: Software Version:

EIN: 15-0532082

Name: Cornell University

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

instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

☐ Yes ☐ Yes

☐ No

DLN: 93493126025071

OMB No. 1545-004

Inspection

Department of the Treasury

If "Yes," describe in Part IV.

SCHEDULE C (Form 990 or 990-

EZ)

2

3

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.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Cornell University 15-0532082 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1

art	I-C	Complete if the organization is exempt under section 501(c), except section 501	(c)(3)				
L	Ente	r the amount directly expended by the filing organization for section 527 exempt function activities	>	\$			
2		r the amount of the filing organization's funds contributed to other organizations for section 527 exempt ion activities	>	\$			
3	Total	exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	>	\$			
1	Did t	he filing organization file Form 1120-POL for this year?	•		Yes	□ No	
5	orga	r the names, addresses and employer identification number (EIN) of all section 527 political organizations nization made payments. For each organization listed, enter the amount paid from the filing organization listed, enter the amount paid from the filing organization listed, contributions received that were promptly and directly delivered to a separate political organization	s funds.	Also e	enter the		

(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				

		rganization is exempt under section 501(c)(3) and has NOT f	iled			P	age 3	
For e	•	cion under section 501(h)). rough 1i below, provide in Part IV a detailed description of the lobbying	(;	a)		(b)		
activ	•	roagn 11 below, provide in rare IV a declared description of the lobbying	Yes	No	Α	mour	nt	
1		ganization attempt to influence foreign, national, state or local legislation, ce public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?		Yes					
b		de compensation in expenses reported on lines 1c through 1i)?	Yes					
С				No				
d	, ,	s, or the public?	Yes				2,560	
e •	' '	adcast statements?r lobbying purposes?		No No				
f g		heir staffs, government officials, or a legislative body?	Yes	INO		66	54,147	
h		rs, conventions, speeches, lectures, or any similar means?	103	No			77,177	
i	· ·		Yes					
j	Total. Add lines 1c through 1i					66	66,707	
2a		the organization to be not described in section $501(c)(3)$?		No				
b		y tax incurred under section 4912						
C	·	y tax incurred by organization managers under section 4912						
d		d a section 4912 tax, did it file Form 4720 for this year? rganization is exempt under section 501(c)(4), section 501(c)(5) 0	r socti				
rei	501(c)(6).	rganization is exempt under section 301(c)(4), section 301(c)(3), 0	i secti	OII			
				_		Yes	No	
1	, ,	nore) dues received nondeductible by members?			1			
2	•	in-house lobbying expenditures of \$2,000 or less?		_	2			
3		rry over lobbying and political expenditures from the prior year?				01/-	1/6	
Par	and if either (a) I answered "Yes."	rganization is exempt under section 501(c)(4), section 501(c BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par				01(0)(0)	
1		amounts from members	1					
2	Section 162(e) nondeductible lo expenses for which the section	bbying and political expenditures (do not include amounts of political on 527(f) tax was paid).	1					
a b			2a 2b					
c	· ·		2c					
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3					
4	If notices were sent and the ame	ount on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political						
5		political expenditures (see instructions)	5					
P	art IV Supplemental In	formation						
		Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list) so, complete this part for any additional information.	; Part II-	·A, lines	1 and	l 2 (se	ee	
	Return Reference	Explanation						
SCHI	EDULE C, PART I-A, LINE 1	THE UNIVERSITY DOES NOT PARTICIPATE DIRECTLY OR INDIRECTLY IN AN REMINDS THE UNIVERSITY COMMUNITY, AT THE BEGINNING OF THE FALL ABOUT THE PROHIBITION AGAINST UNIVERSITY PARTICIPATION. THE MESS PROHIBITION DOES NOT IN ANY WAY AFFECT AN INDIVIDUAL'S PERSONAL POLICY 4.18 "POLITICAL CAMPAIGN ACTIVITY" PREVENTS THE USE OF UNIVERSITY POLITICAL CAMPAIGN PURPOSES.	AND SPR SAGE MA ACTIVIT	ING SEN KES CLI IES. UN	1ESTE EAR T IVERS	RS, HAT T SITY		
SCHI	EDULE C, PART II-B, LINE 1A	CORNELL ESTABLISHED THE CORNELL ADVOCACY PROGRAM IN JANUARY 2 INTERESTED CORNELL ALUMNI VOLUNTEERS TO LOBBY CONGRESS ON UNI INCLUDING STUDENT FINANCIAL AID, FUNDING FOR RESEARCH, AND UNIX	VERSITY	PRIORI	TIES,			
SCHI	EDULE C, PART II-B, LINE 1B	CORNELL'S LOBBYING EFFORTS WERE HANDLED THROUGH THE UNIVERSITY ENDOWMENTS. CORNELL'S LOBBYING EFFORTS WERE HANDLED THROUGH THE UNIVERSITY RELATIONS OFFICES LOCATED IN ALBANY AND WASHINGTON DC PRIMARILY BY SIX REGISTERED LOBBYISTS. THROUGHOUT THE FISCAL YEAR ENDING JUNE 30, 2020 LOBBYING EFFORTS CENTERED ON HIGHER EDUCATION MATTERS, STATE AND FEDERAL BUDGETS, UNIVERSITY-BASED RESEARCH PROPOSALS, LEGISLATIVE BILLS AND REGULATIONS AFFECTING CORNELL STUDENTS, FACULTY 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.						
SCHI	EDULE C, PART II-B, LINE 1D	CORNELL ADMINISTRATORS AND FACULTY SENT OCCASIONAL LETTERS AN NEW YORK CONGRESSIONAL DELEGATION AND TO STATE LEGISLATORS IN MINIMAL.					E	
SCHI	EDULE C, PART II-B, LINE 1G	CORNELL UNIVERSITY STAFF LOBBIED LEGISLATORS, LEGISLATIVE STAFF A WASHINGTON, ALBANY, NEW YORK CITY, AND TOMPKINS COUNTY DURING 30, 2020. TOPICS INCLUDED: STUDENT HEALTH INSURANCE, CONTRACTIN TESTING AND RESEARCH PROGRAMS, ENVIRONMENTAL PROTECTION PROGPRODUCTION AND SERVICES, COVID-19 RELIEF FUNDING, HIGHER EDUCATOR OPERATIONS AND FACILITIES, INCLUDING STUDENT FINANCIAL AID PLOAN FORGIVENESS PROGRAMS, TITLE IX AND SEXUAL HARASSMENT POLIPROGRAMS, IMMIGRATION, INTERNATIONAL EDUCATION, RESEARCH SECUGRADUATE MEDICAL EDUCATION, CAMPUS SAFETY INICIATIVES, PATENT RECHNOLOGY INITIATIVES, HEALTH CARE, AND AGENCY RE-AUTHORIZATIO	THE FIS G PROCE RAMS, A FION INS ROGRAM CIES, EC RITY AN EFORM,	SCAL YEA ESSES, A ALTERNA STRUCTI IS, STUI CONOMIA D INTEG	AR EN AGRIC TIVE ON, F DENT C DEV GRITY	DING OLTU ENER UNDI LOAN ELOP	JUNE RE GY NG AND	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

DLN: 93493126025071

OMB No. 1545-0047

Supplemental Financial Statements

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

Open to Public

Internal Revenue Service

(Form 990)

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Cornell University 15-0532082 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

00110	dule D	(Form 990) 2019										Page 2
Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, His	storical	Treas	ures, o	r Other	Similar A	ssets (c	continued)
3		the organization's acq (check all that apply):		, and other	records, cl	neck any	of the f	ollowing	that are a	a significant i	use of its	collection
а	✓	Public exhibition				d 🔽	Loar	n or exch	ange pro	grams		
b	✓	Scholarly research				e [] Oth	er				
С	✓	Preservation for future	e generations									
4	Provid Part >	de a description of the KIII.	organization's coll	ections and	explain ho	w they fu	rther th	ne organi	zation's e	xempt purpo	ose in	
5		g the year, did the organs to be sold to raise fur									☐ Ye	s ☑ No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			on Form	990, Pa	rt IV, I	line 9, o	r reporte	ed an amoi	unt on F	orm 990, Part
1a		e organization an agent ded on Form 990, Part :									☐ Ye	s 🗆 No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the follo	wing tah	۵.			Δ	mount	
c		ning balance		· ·		-			1c			
d	-	ions during the year .							1d			
е		butions during the year							1e			
f		ig balance							1f			
2a	Did th	ne organization include	an amount on Foi	rm 990, Pari	t X, line 21	, for escr	ow or c	ustodial a	account li	ability?	☐ Ye	s 🗌 No
b	If "Ye	es," explain the arrange	ement in Part XIII.	Check here	if the exp	lanation l	nas beer	n provide	d in Part	XIII		
Pa	rt V	Endowment Fund										
		Complete if the org	ganization answ							(d) Three ye		(a) Farm manua ha ak
1a	Beginn	ing of year balance .		(a) Curren 6,783,	134,979	(b) Prior 6,702,	170,986		35,520,329	1	,197,786	(e) Four years back 5,883,517,457
	-	outions			134,263		794,469		42,594,770	<u> </u>	,247,101	184,454,650
		estment earnings, gair	ns, and losses	111,	917,735	343,	343,472	6	39,735,017	7 683	,220,281	-181,287,034
		or scholarships	· .	56,	918,850	56,	152,080		56,780,770	58	,471,312	55,359,166
e		expenditures for facilitie	es	312,	135,584	281,	592,233	3	16,655,728	216	,531,449	204,449,446
f	Admini	istrative expenses .	[48,	605,605	44,	329,635		42,242,632	2 44	,142,078	42,678,675
g	End of	year balance		6,678,	526,938	6,783,	134,979	6,7	02,170,986	6,335	,520,329	5,584,197,786
2		de the estimated perce	-	•	balance (li	ine 1g, co	olumn (a	a)) held a	as:			
а	Board	d designated or quasi-e	ndowment 🟲	20.000 %								
b	Perm	anent endowment ►	75.000 %									
c	Temp	orarily restricted endov	wment ► 5.00	00 %								
	The p	ercentages on lines 2a	, 2b, and 2c shoul	ld equal 100	%.							
3a		here endowment funds nization by:	not in the possess	sion of the o	rganizatio	n that are	held a	nd admin	istered fo	or the		Yes No
	-	nrelated organizations									3a	n(i) Yes
	. ,	elated organizations .										(ii) Yes
b	. ,	es" on 3a(ii), are the rel				Schedule	R? .				. 3	Bb Yes
4		ribe in Part XIII the inte			n's endown	nent fund	s.					<u> </u>
Pa	rt VI	Land, Buildings,			on Farrer	000 5	T\ / 1	lino 11-	Co	000 D		- 10
	Descri	Complete if the ordering complete if the ordering complete if the ordering complete in the order	ganization answ (a) Cost or oth		on Form (b) Cost or					rm 990, Pa		e 10. d) Book value
	2 03011	public property	(investme		, 2200 01		(3					, = = = = , = = = =
1a	Land					100	,830,086	, 				100,830,086

5,459,536,399

782,182,378

990,925,862

954,652,138

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

b Buildings . . .

 ${f c}$ Leasehold improvements

d Equipment

2,964,378,243

306,953,277

282,382,010

503,074,128

2,495,158,156

475,229,101

708,543,852

451,578,010

21,202,342 F	Complete if the organization answered "Yes" on	Form 990, Part IV, line		
(1) - France and derivatives		(b) Book value		
21,202,342 F	(1) Financial derivatives			
A DOMESTIC EQUITIES 239,586,169 F	(2) Closely-held equity interests	21,282,343	F	
C. HEDGED EQUITIES	(A) DOMESTIC EQUITIES	239,869,169	F	
1,803,886,545 F	(B) FOREIGN EQUITIES	813,675,245	F	
15,459,902 F	(C) HEDGED EQUITIES	2,056,526	F	
Fig. PixED (INCOME BQUITY 25KIPS 500,589,788 F	(D) PRIVATE EQUITIES	1,803,889,545	F	
Fig. PixED (INCOME BQUITY 25KIPS 500,589,788 F	(E) FIXED INCOME ASSET BACKED SEC	15.459.902	F	
Section Sect	•		F	
(H) PRED INCOME & MANUETABLE SEC. 2,699,569,533 F				
Total			·	
Total Column (b) must equal form 990, Part X, ed.(9) line 15.	· /		<u>F</u>	
(a) Description of Investment (b) Book value (cot or enc-cyaram mixels (cot or enc-cyaram mixels (cot or enc-cyaram mixels value) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (7) (7) (7) (8) (8) (8) (9) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII Investments—Program Related.		11 6 5 000 5	
Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, Costume (3) must equal form 990, Part X, col (4) fine 15.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 15. (1) NICHT OF USE ASSETS-OP LEASES (2) NICHT OF USE ASSETS-OP LEASES (3) Description (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (5) (6) (7) (7) (8) (9) (9) (10		Form 990, Part IV, line		
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col.(B) Nine 13.) Part IX	(2)		+	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 980, Part X, col.(B) Nine 13.) Part IX	(3)			
(6) (7) (8) (9) Total. (Column (b) must coust form 990, Part X, col.(b) fine 13.) Part 3X Other Assets. Complete if the organization answered "Yes" on Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part X, line 15. (a) Description (b) Book value (1) RIGHT OF USE ASSETS-OP LEASES (4) House ASSETS-PIN LEASES (1) 4055, 782 (3) FUNDS RILL IN TRUST BY OTHERS (1) 194,566,995 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(b) line 15.) Total. (Column (b) must equal form 990, Part X, col.(b) line 15.) (a) Description of liability (b) Foods (c) Description of liability (c) Descriptions under saves (d) Pederal income taxes (d) Pederal income taxes (d) Federal Income taxes (d) Pederal Income taxes (e) OPERATING LEASE LIABILITIES (d) FUNDS RELD IN TRUST FOR OTHERS (e) OPERATING LEASE LIABILITIES (d) FUNDS RELD IN TRUST FOR OTHERS (e) OPERATING LEASE LIABILITIES (e) OPERATING LEASE LIABILITIES (e) OPERATING LEASE LIABILITIES (f) FINANCE LEASE LIABILITIES (h) FINANCE LEASE LIABILITIES (h) FINANCE LEASE LIABILITIES (e) OPERATING LEASE LIABILITIES (f) FINANCE LEASE LIABILITIES (h) FINANCE LEA				
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(1) (1)				
(a) Description Descript				
Part IX	(7)			
Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Total. (Column (b) must equal Form 990, Part X, col.(8) line 15.) (b) Book value	(8)			
Other Assets.	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 464,620,338 (2)RIGHT OF USE ASSETS-FIN LEASES 114,035,782 (3)FUNDS HELD IN TRUST BY OTHERS 194,566,995 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) → 773,223,115 Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (1) Federal income taxes 0 (2) OBLIGATIONS UNDER SPLIT INT AGRMNT 136,908,667 (3) DEFERRED BENEFITS 703,339,193 (4) FUNDS HELD IN TRUST FOR OTHERS 100,435,672 (5) BOND PREMIUMS 151,027,732 (6) OPERATING LEASE LIABILITIES 467,466,667 (7) FINANCE LEASE LIABILITIES (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 1,680,881,234 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 and the part of the footnote to the organization's financial statements that reports the organization's 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. 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. 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. 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. 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.	Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(5)			
(8) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(6)			_
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	(7)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on 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 0 (2) OBLIGATIONS UNDER SPLIT INT AGRMNT 136,908,667 (3) DEFERRED BENEFITS 703,359,193 (4) FUNDS HELD IN TRUST FOR OTHERS 100,435,672 (5) BOND PREMIUMS 151,027,732 (6) OPERATING LEASE LIABILITIES 467,466,867 (7) FINANCE LEASE LIABILITIES 121,683,103 (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 1,680,881,234	(8)			
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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 liab	(10)			
_	Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		,	
uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗹				

2

1

2

C

d

е 3

b

5

Part XIII

4

Schedule D (Form 990) 2019

Page 4

299,383,755

4,041,547,228

1,085,146,088

5,126,693,316

4,516,558,126

70,261,726

4,446,296,400

732,608,982

5.178.905.382

Net unrealized gains (losses) on investments Donated services and use of facilities b

Other (Describe in Part XIII.) Add lines 2a through 2d 3 4

Donated services and use of facilities . . .

Other losses

Add lines 2a through 2d . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Add lines **4a** and **4b**

Investment expenses not included on Form 990, Part VIII, line 7b .

b C

5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Supplemental Information

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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

4a 4b

Total expenses and losses per audited financial statements

2c

2d

4a

4b

2a

2b

2c

2d

2a 2b

70,261,726 2e

299.383.755

1,085,146,088

732,608,982

2e

3

4c

5

3 4c 5

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

Schedule D (Form 990) 2019

(I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
Return Reference	Explanation				
See Additional Data Table					

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

HEDGED EQUITIES

PRIVATE EQUITIES

FIXED INCOME ASSET BACKED SEC

FIXED INCOME CORPORATE BONDS

FIXED INCOME & MARKETABLE SEC.

FIXED INCOME EQUITY PSHIPS

Software ID: Software Version: EIN: 15-0532082

Name: Cornell University

813,675,245

1,803,889,545

15,459,902

99,209,057

608,089,788

2,699,069,633

2,056,526

Form 990, Schedule D, Part VII - Investments Other S	ecurities	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation: Cost or end-of-year market value
DOMESTIC EQUITIES	239,869,169	F

DOMESTIC EQUITIES	
FOREIGN EQUITIES	
•	

Supplemental Information	
Return Reference	Explanation
	ART COLLECTION: THE HERBERT F. JOHNSON MUSEUM OF ART IS PARTICULARLY NOTED FOR ITS COLLECT ION 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

CTION BY THE PUBLIC.

EVENTS IS AVAILABLE ON ITS WEB SITE AND PROVIDES INFORMATION TO ENCOURAGE USE OF THE COLLE

Return Reference	Explanation
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 END
	OWMENT PROVIDES CRITICAL SUPPORT FOR ENDOWED FACULTY CHAIRS, STUDENT FINANCIAL AID, AND SU

PPORT FOR VARIOUS INSTITUTIONAL PROGRAMS FOR TEACHING, RESEARCH, AND PUBLIC OUTREACH.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC 740) FOOTNOTE THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN S ECTION 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 ACCO RDANCE WITH THE ACCOUNTING STANDARDS, THE UNIVERSITY EVALUATES ITS INCOME TAX POSITION EAC H 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.

Supplemental Information Return Reference Explanation SCHEDULE D, PART XI, LINE 2D | DECONSOLIDATION OF SUBSIDIARIES \$ 75,202,788 INVESTMENT RETURN, DISTRIBUTED \$ 224,180,967 TOTAL \$ 299,383,755 Schedule D. Part XI. Line 4B Reclass of financial aid \$

434,414,169 State Appropriations \$ 38,513,453 Restricted Gifts \$ 192,253,938 Program Serv ices \$ 419,964,526 ----- TOTAL \$ 1,085,146,088

upplemental Information	
Return Reference	Explanation
CHEDILLED PART XII LINE 2D	DECONSOLIDATION OF SUBSIDIARIES \$ 70.261.726 TOTAL \$ 70.261.726

Supplemental Information Return Reference Explanation SCHEDULE D, PART XII, LINE 4B | RECLASS OF FINANCIAL AID \$ 434,414,169 PROGRAM SERVICES \$ 277,904,296 INTEREST EXPENSE \$

20,290,517 ------ TOTAL \$ 732,608,982

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126025071 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Cornell University 15-0532082 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

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 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126025071 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Cornell University 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the program service, describe for and investments employees, agents, region (by type) (such as, region and independent fundraising, program specific type of in the region service(s) in the region contractors in the services, investments, grants to recipients located in the region region) See Add'l Data 14 219 36,450,401 **3a** Sub-total . b Total from continuation sheets to Part I . . . 420 1,720,000,551 15 639 c Totals (add lines 3a and 3b) 1,756,450,952

Cat. No. 50082W

Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for 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.										
	(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation	

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							
			 				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

82

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . Schedule F (Form 990) 2019

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							,

Sche	dule F (Form 990) 2019		Page 4
Par	t 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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	✓ Yes	□No

Schedule F (Form	990) 2019 Page 5					
Prov amo met	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.					
990 Schedule	Fysionetics					
SCHEDULE F, PART I, INVESTMENTS	Explanation THE INVESTMENTS DISCLOSURES IN SCHEDULE F, PART I, INDICATE WHERE EXTERNAL INVESTMENT FUNDS ARE INCORPORATED OR OTHERWISE DOMICILED. ACTUAL UNDERLYING INVESTMENTS ARE TYPICALLY MADE IN OTHER REGIONS OF THE WORLD. 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					

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F,	THE AMOUNTS REPORTED ON SCHEDULE F, PART III ARE ALL TRAVEL GRANTS AND SCHOLARSHIP, FELLOWSHIP, AND GRANT

SCHEDULE F,
PART III

THE AMOUNTS REPORTED ON SCHEDULE F, PART III ARE ALL TRAVEL GRANTS AND SCHOLARSHIP, FELLOWSHIP, AND GRANT
FUNDING PROVIDED TO STUDENTS FOR FURTHERING THEIR EDUCATION OUTSIDE OF THE U.S., WHETHER IT BE TOWARD A DEGREE
OR FOR STUDENT RESEARCH AND EDUCATIONAL STUDIES.

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 15-0532082

Name: Cornell University

Education & Research

3,323,223

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
Central America and the Caribbean		12	Program Services	Education & Research	406,154	

34 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Education & Research 8.148.984 89 Program Services Greenland) Middle East and North Africa 408,779 7 Program Services Education & Research

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America Education & Research 1.691.420 29 Program Services Russia and the Newly 3 Program Services Education & Research 131,876 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 22 | Program Services Education & Research 825,684 South Asia 16 Program Services Education & Research 1,485,857

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 7 Program Services Education & Research 2.012.185 East Asia and the Pacific Program Services Research Sub-Contracts 446,921

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Research Sub-Contracts 3,359,907 Program Services Greenland) Middle East and North Africa 582,663 Program Services Research Sub-Contracts

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America Program Services Research Sub-Contracts 5.189.006 Russia and the Newly Program Services Research Sub-Contracts 37,500 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Program Services Research Sub-Contracts 1,874,390 South Asia Program Services Research Sub-Contracts 2,587,278

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Research Sub-Contracts 3.938.574 Program Services Central America and the Investments 1,290,380,823 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 227,272,466 Investments Greenland) North America 52,146,307 Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures for region offices in the employees or in region (by type) (i.e., is a program service, fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 18,578,454 Investments Central America and the Program Services Medical Rsrch & Svcs 1,229,457 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific Program Services Medical Rsrch & Svcs 80,123 Europe (Including Iceland and Program Services Medical Rsrch & Svcs 1,470,791 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa 420 Program Services Medical Rsrch & Svcs 123,763,480 North America Program Services Medical Rsrch & Svcs 556,107

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Medical Rsrch & Svcs 78,473 Program Services South Asia Program Services Medical Rsrch & Svcs 37,971

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Medical Rsrch & Svcs 424,511 Program Services Europe (Including Iceland and Program Services Fundraising 386,678 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 271,560 Grantmaking Caribbean 383,154 East Asia and the Pacific Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 2,544,685 Grantmaking Greenland) North America Grantmaking 5,439

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Grantmaking 239,936 South Asia Grantmaking 124,056

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) Sub-Saharan Africa 26,080 Grantmaking

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose (c) Region (book, FMV, cash non-cash and EIN(if organization of grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia/Independent 37,500 EFT **IFMV** States East Asia and the 274.424 EFT **IFMV**

Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) IFMV

1,264,905 EFT

FMV

South America 496,802 EFT

South America

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 173,500 EFT lfMV land North

577.957 EFT

lfMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 72,890 EFT lFM∨ and North Africa

1.652,290 EFT

lFM∨

Europe

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 88,383 EFT lFM∨

the Pacific 64,683 EFT IFMV

Ithe Pacific

East Asia and

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

 Europe
 111,837 EFT
 FMV

 Sub-Saharan
 398.237 EFT
 FMV

(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) Sub-Saharan 61,390 EFT lFM∨

5,175,834 EFT

lFM∨

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia 204,647 EFT FMV

250,474 EFT

lFM∨

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan

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

757.013 EFT

lFM∨

Europe 313,982 EFT F

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 637,744 EFT FMV Africa Sub-Saharan 82,201 EFT IFMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 855,760 EFT FMV Africa Sub-Saharan 30,882 EFT IFMV

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) 231,807 EFT FMV Europe

457.351 EFT

lFM∨

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) South America 58,278 EFT IFΜ∨

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 336,273 EFT FMV land North Africa

54,404 EFT

lFM∨



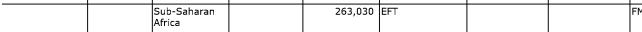
Form 990 Schedule F Part II - Grants or Entities Outside The United States

ISouth America

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

27,761 EFT

FMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

lEurope

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

383,203 EFT

IFMV

					01
	South Asia	706,359	EFT		FMV
l					1

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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

42,236 EFT

FMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) Sub-Saharan 54,769 EFT FMV

474,404 EFT

FMV

Africa

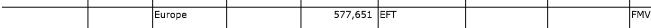
Form 990 Schedule F Part II - Grants or Entities Outside The United States

South Asia

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

60,607 EFT

|FMV

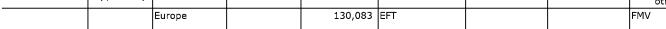


Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

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

|FMV

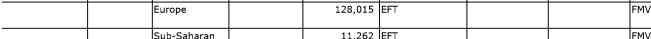


Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

50,222 EFT

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) 128,015 EFT FMV Europe



(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia 240,708 EFT FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) 33,416 EFT lfΜV Europe

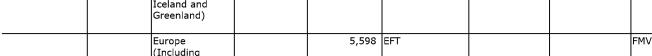
19.431 EFT

lfMV

East Asia and

the Pacific

(i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 21,094 EFT IFMV Europe (Includina Iceland and



Iceland and Greenland)

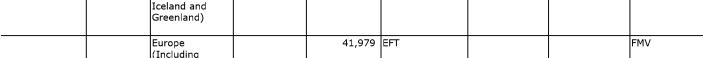
Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 52,401 EFT lFM∨ land North Africa

80.123 EFT East Asia and lfMV

Ithe Pacific

(i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 65,015 EFT IFMV Europe (Includina Iceland and

Iceland and Greenland)



(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East and 10,575 EFT IFMV North Africa 14,066 EFT IFMV



Europe (Includina

> Iceland and Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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

101,702 EFT

FMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 15,134 EFT FMV Africa

Sub-Saharan 269,932 EFT IFMV

(i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 26,623 EFT IFMV Europe (Includina



142,954 EFT Europe (Includina

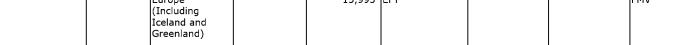
Form 990 Schedule F Part II - Grants or Entities Outside The United States

Iceland and lGreenland)

(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 13,993 EFT lEurope IFMV

68,432 EFT

IFMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of ((a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 37,971 EFT IFΜ∨

IFMV

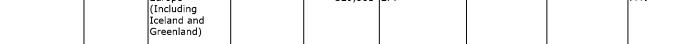


Form 990 Schedule F Part II - Grants or Entities Outside The United States

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of I section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 329,861 EFT IFMV lEurope l(Includina

202,401 EFT

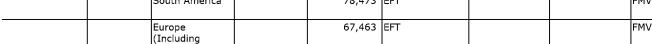
IFMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South America 78,473 EFT IFMV



Iceland and Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 40,000 EFT lFM∨ Africa Sub-Saharan 40,000 EFT lFM∨

(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Europe 41 875 EET IEM\/

18,205 EFT

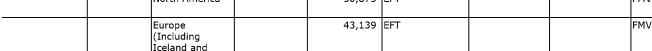
IFMV

	Lui ope	T1,0/3	LI I		עויו ון
	(Including	·			
	Iceland and				
	Greenland)				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

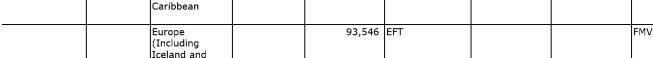
(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America 50,875 EFT IFMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

Greenland)

(i) Method of l(b) IRS code (h) Description (g) Amount of (f) Manner of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America 1.229,457 EFT IFMV land the Caribbean



Form 990 Schedule F Part II - Grants or Entities Outside The United States

Greenland)

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of I section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 559,329 EFT IFMV lEurope

114,492 EFT

IFMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of (d) Purpose of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Middle East 123,696,904 EFT **IFMV**

and North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(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)			
Consult / Endless of box	Central America and the Caribbean	1	3,000	CHECK/ACH		NONE	FMV			
Student Travel Grant/Fellowshp	East Asia and the Pacific	2	2,100	CHECK/ACH		NONE	FMV			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of assistance cash grant cash disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Travel 6,090 CHECK/ACH INONE IFMV lEurope Grant/Fellowshp (Includina Iceland and Greenland) Student Travel 5.750 CHECK/ACH INONE IFMV South America Grant/Fellowshp

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Travel 92,212 CHECK/ACH NONE IFMV South Asia Grant/Fellowshp Student Travel 26.080 CHECK/ACH NONE IFMV Sub-Saharan Grant/Fellowshp Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Student Financial Aid Central America 268,560 CHECK/ACH INONE IFMV land the Caribbean Student Financial Aid East Asia and 28 INONE 381.054 ICHECK/ACH IFMV the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Student Financial Aid Europe 119 2,538,595 CHECK/ACH INONE **IFMV** (Including Iceland and Greenland) Student Financial Aid North America 5,439 CHECK/ACH INONE IFMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Financial Aid South America 234,186 CHECK/ACH NONE IFMV Student Financial Aid South Asia 31,844 CHECK/ACH NONE FMV

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

As Filed Data -

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

DLN: 93493126025071 OMB No. 1545-0047

2019

Open to Public

	artment of the Treasury mal Revenue Service	►Go to www.i			to Form 990 or Form 990-EZ. 1990 for instructions and the latest information. Open to Public Inspection				
	ne of the organization nell University						entification number		
						15-0532082			
Pa	Fundraising Activ	•			answered "Yes" on Fo part.	rm 990, Part IV, line	17.		
1	Indicate whether the organiza	ation raised funds th	rough any	of the fo	ollowing activities. Check	all that apply.			
а	✓ Mail solicitations	government grants							
b	Internet and email solicitations				✓ Solicitation of gove	rnment grants			
c	c 🗹 Phone solicitations g 🗹 Special fundraising events								
d	✓ In-person solicitations								
2a	Did the organization have a vor key employees listed in Fo						es 🗆 No		
b	If "Yes," list the 10 highest parts to be compensated at least \$			draisers)	pursuant to agreements ι	under which the fundraise	er is		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or trol of butions?	(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					
	JFM GROUP LLC 629 FIFTH AVENUE SUITE 106	CABARET EVENT MGMT		No	3,905,929	234,389	3,671,54		
	PELHAM, NY 10803								
	COMMUNITY COUNSELLING SERVICE	FUNDRAISING COUNSELING							

		No	3,905,929	234,389	3,671,540
PELHAM, NY 10803					
COMMUNITY COUNSELLING	FUNDRAISING				
SERVICE	COUNSELING				
527 MADISON AVE		No No		417,031	-417,031
NEW YORK, NY 10022					
JOHN BROWN LIMITED INC	CONSULTING				
4916 CRESTWOOD DREIVE		l l No		157.040	-157,049
		l l No		157,049	-157,049
WACO, TX 76710					
BRIAN CHAPMAN	CONSULTING				
285 W 110TH ST 4C		l No		97,681	-97,681
NEW YORK NIV 10026		"		37,001	37,001
NEW YORK, NY 10026	CLIDVEVC				
GRENZENBACH GLIER AND ASSOCIATES	SURVEYS				
200 S MICHIGAN AV SUITE					
2100		No No		51,750	-51,750
2100					
CHICAGO, IL 60604					
STORY MYTHOS	CONSULTING				
SHANE MEEKER POBOX 176		l l No		34,500	-34,500
		1		34,300	34,500
SOUTH LEBANON, OH 45065					
MARTS LUNDY	CONSULTING				
160 CHUBB AVE SUITE 303		l No		20,618	-20,618
LYNDHURST, NJ 07071					
BRODEUR PARTNERS	CONSULTING				
535 BOYLSTON ST FLOOR 10	CONSOLITING				
333 BOTESTON 31 TEGGIC 10		No No		15,603	-15,603
BOSTON, MA 02116					
PRASAD CONSULTING AND	CONSULTING				
RESEARCH LLC					
20 SUTTON PLACE SOUTH		No		8,800	-8,800
NEW YORK, NY 100224165					
Total		>	3,905,929	1,037,421	2,868,508

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

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

- 1		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		CABARET NIGHT	GREENBURGEVENT	4	(add col. (a) through col. (c))
Keveikie		(event type)	(event type)	(total number)	
		2.007.000	107.000	200 040	4 222 02
	1 Gross receipts	3,905,929	107,000	209,910	·
- 1	2 Less: Contributions	3,594,129	87,300	171,785	3,853,21
	line 2)	311,800	19,700	38,125	369,62
	4 Cash prizes				
	5 Noncash prizes				
201	6 Rent/facility costs	173,619	110,000	126,132	409,75
Cacinady Paris	7 Food and beverages	294,279		22,874	317,15
3	8 Entertainment	1,269,869		1,500	1,271,36
	9 Other direct expenses	782,026	1,286	321,895	1,105,20
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		•	3,103,48
		=			3,103,10
	11 Net income summary. Subtract line 10				-2,733,85
	Gaming. Complete if the organization		s" on Form 990, Part I	• V, line 19, or reported	-2,733,85
Pari	<u> </u>		s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		-2,733,85 more than \$15,000 (d) Total gaming (add
Part	Gaming. Complete if the organization form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		-2,733,85 more than \$15,000 (d) Total gaming (add
Part	Gaming. Complete if the organization	anization answered "Ye	(b) Pull tabs/Instant		-2,733,85 more than \$15,000 (d) Total gaming (add
art anna Kever	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-2,733,85 more than \$15,000 (d) Total gaming (add
Part DINIA SASSIAGN	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-2,733,85 more than \$15,000 (d) Total gaming (add
Pari Type I See Reveiling	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-2,733,85 more than \$15,000 (d) Total gaming (add
Pari Type I See Reveiling	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-2,733,85 more than \$15,000
Circu Lyberiaes Reveinte	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-2,733,85 more than \$15,000 (d) Total gaming (add
Part Cherises Keverne	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-2,733,85 more than \$15,000 (d) Total gaming (add
Part Tybellog Kenelkle	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-2,733,85 more than \$15,000 (d) Total gaming (add
Part Cherical Kevering	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-2,733,85 more than \$15,000 (d) Total gaming (add
Part Tybellog Kenelkle	Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-2,733,85 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a a section of the se	Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) It line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-2,733,85 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019					F	age 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes	□No	
12	Is the organization a grantor, beneficia formed to administer charitable gamin		or a member of a partnership or other entity		□Yes	_	
13	Indicate the percentage of gaming acti	vity conducted in:			□ 1e3		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the or	ganization's gaming/special events books and re	cords:			
	Name ►						
15a	Does the organization have a contract	with a third party from v	whom the organization receives gaming			_	
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by		organization ▶ \$ and th	е			
c	If "Yes," enter name and address of the	e third party:					
	Name ►						
	Address •						
16	Gaming manager information: Name						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17 a	•		e distributions from the gaming proceeds to		□Yes	Пло	
b	Enter the amount of distributions requi	red under state law dist	ributed to other exempt organizations or spent		03	,	
	in the organization's own exempt activ		*				
Par			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor				S.
	Return Reference		Explanation				
SCHE	EDULE G, PART I, LINE 2B	ANNUAL FUNDRAISING	WAS MADE WITH JFM GROUP LLC TO MANAGE T EVENT FOR WEILL CORNELL MEDICAL COLLEGE RE, RESEARCH, AND EDUCATION.				

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States

Department of the

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

Treasury

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2019

DLN: 93493126025071

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

► Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service Name of the organization **Employer identification number** Cornell University 15-0532082 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 254

Cat. No. 50055P

Page 2

Schedule I (Form 990) 2019

(2) FINANCIAL AID - GRADUATE 6038 137,145,050 **FMV** NONE (3) MEDICAL SCHOOL - UNDERGRADUATE 237 **FMV** NONE 19,119,589

(4) MEDICAL SCHOOL - GRADUATE 494 **FMV** NONE 39,087,750

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Return Reference

SCHEDULE I, PART I, LINE 2

Explanation

PROVIDED.

Part III

(4) (5)

(6)

(7)

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

THE UNIVERSITY REPORTS ALL GRANT RECIPIENTS, INCLUDING SUB-GRANTEES, OF WHICH IT IS AWARE. THIS INCLUDES SUB-RECIPIENT AWARDS, PRIMARILY FOR RESEARCH, TO GOVERRNMENT AGENCIES, ORGANIZATIONS EXEMPT UNDER 501(C)(3) AND FOR-PROFIT ENTITIES FOR WHICH NO AUTHORITY FOR EXEMPTION IS

Additional Data

JACKSON LAB

610 MAIN STREET

Bowdoin College

85 Union St

BAR HARBOR, ME 046091526

Brunswick, ME 040112418

Software ID: **Software Version: EIN:** 15-0532082

01-0211513

01-0215213

Name: Cornell University

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

(a) Name and address of	(D) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(T) Method of Valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

802,109

23,686

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash		(f) Method of valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

IFMV

FMV

501(c)(3)

501(C)(3)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	
organization		if applicable	grant	cash	(book, FMV, apprais
or government				assistance	other)

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of Maine System 01-6000769 501(C)(3) 125.966 IFMV 96 Falmouth St - PO Box 9300 Portland, ME 041049300

144,689

Trustees of Dartmouth College

11 Rope Ferry Rd 6210 Hanover, NH 037551404 02-0222111

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University System of New 02-6000937 501(c)(3) 78.011 IFMV Hampshire Inc 11 Garrison Ave Rm 106 University of Vermont & State 03-0179440 501(c)(3) 187.175 IFMV

Durham, NH 038242328 Ag College

63 Carrigan Dr

Burlington, VT 054051737

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Smith College 04-1843040 501(C)(3) 26.458 IFMV Smith College Northampton, MA 010630001

36,835

Trustees of Boston College

140 Commonwealth Ave Chestnut Hill, MA 024673800 04-2103545

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Trustees of Boston University 04-2103547 501(C)(3) 537.751 IFMV 881 Commonwealth Ave Fl 4 04-2103580 501(c)(3) 588.905 IFMV

Boston, MA 022151390 President and Fellows of Harvard College 1033 Massachusetts Avenue

3rd fl

Cambridge, MA 021385366

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Managabaratha Tagbibaha af 04 2102504 E01/-1/21 1 404 513 LEWY.

Massachusetts Institute of	04-2103594	201(c)(3)	1,404,513	FI*IV	
Technology					
77 MASSACHUSETTS AVE					
CAMBRIDGE, MA 021394307					

136 Harrison Ave Boston, MA 021111817

501(C)(3) Trustees of Tufts College 04-2103634 114.548 IFMV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BETH ICDAEL DEACONIECE 04-2103881 501(c)(3) 570 625 IFM\/

DETITIONALE DEACONESS	0-7 2103001	301(0)(3)	1,3,3,033	11.1.14	
MEDICAL CTR					
330 Brookline Ave					
Boston, MA 022155400					

ONE JOSLINE PLACE BOSTON, MA 022155306

501(c)(3) JOSLIN DIABETES CENTER INC. 04-2203836 229.696 IFMV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 04-2263040 501(c)(3) 614.442 IFMV DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 022155418

BRIGHAM & WOMENS 04-2312909 501(c)(3) 948.085 IFMV

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

HOSPITAL INC PO BOX 3887

BOSTON, MA 022413887

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EIC Laboratories Inc 04-2497074 N/A 28,191 IFMV

111 Downey St Norwood, MA 020622612					
The General Hospital Corporation	04-2697983	501(C)(3)	395,281	FMV	

399 Revolution Drive No 645 Somerville, MA 021451574

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 04-2774441 501(c)(3) 37.529 IFMV BOSTON CHILDRENS HOSPITAL PO BOX 414413 BOSTON, MA 022414413

1.220.080

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

MA

04-3167352

UNIVERSITY OF

MASSACHUSETTS
55 LAKE AVE NORTH
WORCESTER, MA 016550002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DARTHERS LIEALTHOADE 04 2220025 E01/-1/21 04 022 LEWY.

SYSTEM PO BOX 3715 BOSTON, MA 022413715	04-3230033	301(0)(3)	61,023	FINIV	
B051011,1111 022 113713					

660 HARRISON AVENUE BOSTON, MA 021182304

501(c)(3) BOSTON MEDICAL CENTER 04-3314093 226.102 IFMV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 05-0258809 501(c)(3) 506.688 BROWN UNIVERSITY IFMV 69 BROWN STREET PROVIDENCE, RI 029129091

586.046

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

501(c)(3)

YALE UNIVERSITY 2 WHITNEY AVENUE 6TH

NEW HAVEN, CT 065101220

FLOOR

06-0646973

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

UNIVERSITY OF CONNECTICUT 233 GLENBROOK ROAD STORRS, CT 062699003	06-0772160	ст	63,010	FMV	
Connecticut Agricultural Experiment Sta	06-6032987	ст	1,155,067	FMV	

Box 1106

New Haven, CT 065041106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cold Spring Harbor Laboratory 11-2013303 501(c)(3) 453,228 IFMV

1 Bungtown Rd PO Box 100 Cold Spring Harbor, NY 11724					
Resources for Children with Special Need	11-2594790	501(C)(3)	11,838	FMV	

New York, NY 10003

116 E 16th St Fl 5

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NARROWS INSTITUTE FOR 11-3059470 501(c)(3) 60.423 IFMV BIOMEDICAL

14.045

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

501(C)(3)

800 POLY PLACE MAINE CODE					
151					
BROOKLYN, NY 11209					

11-6081424

Cornell Coop Ext Suffolk Cty

423 Griffing Ave Ste 100 Riverhead, NY 119013071

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Hospital Fund 13-1562656 501(c)(3) 15,000 IFMV

1411 Broadway 12th Fl New York, NY 10018					
New York Society Relief of the Ruptured	13-1624135	501(c)(3)	732,120	FMV	

535 EAST 70TH STREET NEW YORK, NY 10021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1624158 501(c)(3) 1,146,727 ROCKEFELLER UNIVERSITY IFMV 1230 YORK AVENUE NEW YORK, NY 10021

46.076

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

501(c)(3)

NEW YORK, NY 10021 SLOAN KETTERING INSTITUTE FOR CANCER RSRCH PO BOX 27084

NEW YORK, NY 10087

13-1624182

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-1624229 501(c)(3) 20.000 THE YOUNG MEN'S AND IFMV YOUNG WOMEN'S HEBREW 1395 Lexinaton Avenue

10.500

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

501(C)(3)

New York, NY 10128

13-1628149

Barnard College

3009 Broadway New York, NY 10027

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-1656674 501(c)(3) 38.839 IFMV NEW YORK ACADEMY OF MEDICINE 1216 5TH AVENUE NEW YORK, NY 10029 Boyce Thompson Inst for Plant 13-1739923 501(c)(3) 1.285.810 IFMV Rsh Inc

533 Tower Rd

ITHACA, NY 148531801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-1740451 501(C)(3) 46.072 Fordham University IFMV

150 W 62nd St New York, NY 10023 New York Academy of Sciences 13-1773640 501(c)(3) 15.000l IFMV

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

New York, NY 10007

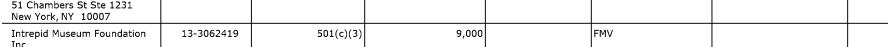
7 World Trade Ctr 250 Greenwich St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MEMORIAL SLOAN KETTERING 13-1924236 501(c)(3) 4.804.899 IFMV CANCER CENTER 1275 YORK AVE NEW YORK, NY 10021 Research Foundation of City 13-1988190 501(C)(3) 445.921 IFMV

Univ of NY

230 W 41st St 7th Fl New York, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Council on the Environment Incl 13-2765465 501(c)(3) 29.883 IFMV 51 Chambers St Ste 1231



New York, NY 10036

Inc One Intrepid Sq

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INCTITUTE FOR LIDEAN EAMILY 12-2272/02 501/61/21 21 120 | EM\/

INSTITUTE FOR ORDAN PARTELL	13-32/3402	301(0)(3)] 31,133	1 1'1 V	,	1
HEALTH					<u>'</u>	
2006 MADISON AVENUE						
NEW YORK, NY 10035						

American Austrian Foundation

501(c)(3) 13-3275103 15.000l IFMV 150 E 42nd St Fl 32 New York, NY 10017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

BURKE NEUROLOGICAL	13-3434924	501(c)(3)	375,362	FMV	
INSTITUTE					
785 MAMARONECK AVENUE					
WHITE PLAINS, NY 10605					

15.449

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

501(c)(3)

WINIFRED MASTERSON BURKE

785 MAMARONECK AVENUE WHITE PLAINS, NY 10605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW YORK PRESBYTERIAN 13-3957095 501(c)(3) 64,647 IFMV

HOSP 525 EAST 68TH STREET NEW YORK, NY 10021			
· · · · · · · · · · · · · · · · · · ·			

NEW YORK, NY 10087

13-5562308 320.491 NEW YORK UNIVERSITY 501(c)(3) IFMV PO BOX 5166

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government COLUMBIA UNIVERSITY 13-5598093 501(c)(3) 1.337.065 IFMV

P O BOX 29789 NEW YORK, NY 10087		.,,,,	, ,		
Leukemia and Lymphoma Society Inc	13-5644916	501(c)(3)	15,000	FMV	

3 International Dr Ste 200

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

Rve Brook, NY 10573

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-6165708 501(c)(3) 6,000 IFMV Harvey Society Inc

1275 York Ave New York, NY 10021					
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	13-6171197	501(c)(3)	1,039,104	FMV	

ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government City of New York 13-6400434 180.160 IFMV 111 Columbia St New York, NY 10002

28.948

Trustees of Union College

Schenectady, NY 12308

807 Union St

14-1338580

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Rensselaer Polytechnic 14-1340095 501(c)(3) 277.761 IFMV

Institute 110 8th St TROY. NY 121803590 The Research Foundation of 14-1368361 501(c)(3) 1.287.384 IFMV SUNY

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

505 Irving Ave Syracuse, NY 13210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 14-1402155 501(c)(3) 539.883 IFMV HEALTH RESEARCH INC ROSEWELL PO BOX 2833 RESEARCH FOUNDATION FOR 14-1410842 501(c)(3) 675.814 IFMV

BUFFALO. NY 14240 MENTAL HYGIENE INC

150 BROADWAY MENANDS, NY 12204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Rensselaer County Chapter NYSARC Inc 79 102nd St TROY, NY 12180	14-1485873	501(C)(3)	65,785	FMV	
City School District of Albany	14-1537912	501(C)(3)	6,440	FMV	

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

1 Academy Park Albany Albany, NY 12207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 14-4046652 501(c)(3) 15.000l Gildas Club New York City Inc IFMV 195 West Houston St

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

Schenectady, NY 12303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cornell Coon Ext Assoc Albany 14-6036881 501(0)(3) 16 772 IFMV

County	1.0000001		10,7.2		
PO Box 497 24 Martin Rd Voorheesville, NY 12186					
Cornell Coop Evt of Orange Ctv	14 6026000	E01(C)(2)	29 562	EM\/	

18 Seward AveSuite 300 Middletown, NY 10940

Cornell Coop Ext of Orange Cty | 14-6036889 201(C)(3) 28,562 IFMV

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Cty Ext Service Assoc in State 14-6036893 501(C)(3) 21,940 IFMV

NY Ulster Co 10 Westbrook Lane Kingston, NY 124012928					
Cornell Coop Extension Franklin Cty	14-6037203	501(C)(3)	22,924	FMV	

355 West Main St Suite 150 Malone, NY 129531870

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Colgate University 15-0532078 501(c)(3) 57.720 IFMV 13 Oak Dr

204.263

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

501(C)(3)

Hamilton, NY 13346
Syracuse University

9721 University Ave Ste 116 Syracuse, NY 13244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Ithaca College 15-0532204 501(C)(3) 294.516 IFMV 953 Danby Rd

21,925

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

501(C)(3)

15-0543659

Ithaca, NY 14850 Clarkson University

8 Clarkson Ave - PO Box 5546 Potsdam, NY 136995546

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FO4 () (3) 407 220

Institution 1259 Trumansburg Rd Ithaca, NY 14850	15-0554849	501(c)(3)	107,220	ГМ∨	
Syracuse City School District	15-6010157	501(C)(3)	441,416	FMV	

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

Syracuse City School District 171 Spaulding Ave

Syracuse, NY 13205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Rochester Institute of 16-0743140 501(C)(3) 163.644 IFMV Technology 2052 Lomb Memorial Dr Rm

307.642

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

501(C)(3)

16-0743209

1839

Rochester, NY 146235604

Rochester, NY 146270268

University of Rochester

360 Meliora Hall

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Alfred University 16-0743900 501(C)(3) 6.657 IFMV

1 Saxon Dr Alfred, NY 14802					
LIFESPAN OF GREATER	16-0986298	501(c)(3)	5,678	FMV	

KOCHESTER INC 1900 S CLINTON AVENUE

ROCHESTER, NY 14618

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 16-1407666 N/A 239.652 Innovative Dynamics IFMV 2560 N Triphammer Rd ITHACA, NY 14850

28.998

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

501(C)(3)

Niagara Falls City School District

Niagara Falls, NY 14304

630 66th St

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NYS Cooperative Ext Assoc of Broome Cty 840 Upper Front St Binghamton, NY 139051500	16-6072872	501(C)(3)	73,629	FMV	
Cooperative Ext Assoc in the State New York	16-6072878	501(C)(3)	6,136	FMV	

34570 State Hwy 10 Ste 2 PO Box 184

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

hamden, NY 137820184

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cornell Coop Ext of Erie Cty 16-6072879 501(C)(3) 32.394 IFMV

23.716

21 South Grove St Ste 320 East Aurora, NY 140522398			
Cornell Coop Ext of Jefferson Cty 203 N Hamilton Street	16-6072882	501(C)(3)	

Watertown, NY 136012597

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cornell Coop Extension of 16-6072886 501(C)(3) 19.026 IFMV

Monroe County 249 Highland Ave Rochester, NY 146203036		·		

615 Willow Avenue Ithaca, NY 148503555

Cornell Coop Ext Tompkins Ctv | 16-6072897 97.949 501(C)(3) IFMV

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Cornell Coop Extension Ontario 16-6098242 501(C)(3) 19,317 FMV

480 North Main Street Canandaigua, NY 14424					
FLORIDA INSTITUTE FOR HUMAN & MACHI	20-0760849	501(c)(3)	319,276	FMV	

40 SOUTH ALCANIZ STREET

PENSACOLA, FL 32502

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW YORK CTEM CELL 20 2005521 E01/-1/21 110 000 LEWY.

NEW TORK STEM CELL	20-2905551	301(c)(3)	110,000	FIMIV	1
FOUNDATION					
1995 BROADWAY					
NEW YORK, NY 10023					

HEBREW HOME AT RIVERDALE 20-4352212 501(c)(3) 148.481 IFMV

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

5901 PALISADE AVENUE RIVERDALE, NY 10471

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) The Trustees of Princeton 21-0634501 501(c)(3) 985.419 IFMV University

701 CARNEGIE CENTER PRINCETON, NJ 085406242 HACKENSACK UNIV MEDICAL 22-1487576 501(c)(3) 278.539 IFMV CENTER

40 PROSPECT AVENUE HACKENSACK, NJ 076011915

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Wildwood Programs Inc 22-2132752 501(c)(3) 8.336 IFMV 2995 Curry Road Extension 22-2322725 501(c)(3) 2.939.413 IFMV

Schenectady, NY 12303 RUTGERS ALUMNI ASSOCIATION 33 KNIGHTSBRIDGE ROAD 2ND FLOOR EAS

PISCATAWAY, NJ 088543987

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Sciencenter Discovery Museum 22-2470652 501(c)(3) 32.895 IFMV 601 First St

Ithaca, NY 14850 Parent Network of New York 22-2717094 501(c)(3) 55.444 IFMV

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

Buffalo, NY 14202

Inc 1000 Main St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

SOCIETY FOR VASCULAR	22-2990719	501(c)(6)	124,723	FMV	
SURGERY					
38678 EAGLE WAY					
CHICAGO, IL 606781386					

24.444

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

The University of Rhode Island

70 Lower College Rd 3rd Fl Kingston, RI 028811967

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Project Sunshine 22-3607512 501(c)(3) 10.000 IFMV

211 E 43rd St Ste 401 New York, NY 10017 Rutgers The State University of 22-6001086 501(c)(3) 425.122 IFMV

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

94 Rockafeller Rd Ste 107 Piscataway, NJ 088548075

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Trustees of the Univ of 23-1352685 501(c)(3) 729.501 IFMV Pennsylvania 3451 WALNUT STREET PHILADELPHIA, PA 19104

95.154

Center for Science in the Public

1220 L St NW Ste 300 Washington, DC 20005

Interest

23-7122879

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7156071 501(c)(3) 236.204 IFMV FRED HUTCHINSON 1100 FAIRVIEW AVENUE N J6-

330 SEATTLE, WA 98109 Centro Internacional de Agr 23-7187762 501(C)(3) 384.765 IFMV Tropical Inc CIAT-MIAMI 7343 NW 79th

Ter Medley, FL 33166

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7203666 501(c)(3) 259.181 IFMV J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158 JHPIEGO CORPORATION 23-7424444 501(c)(3) 136.913 IFMV

12529 COLLECTION CENTER

CHICAGO, IL 60693

DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 24-0772407 501(C)(3) 10.080 Bucknell University IFMV Marts Hall Lewisburg, PA 17837 The Pennsylvania State 24-6000376 GOVERNMENT 674.640 IFMV University

One Old Main

University Park, PA 16802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF PITTSBURGH 25-0965591 501(c)(3) 938.114 IFMV PO BOX 643092 PITTSBURGH, PA 15264

566.071

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

501(C)(3)

Carnegie Mellon University

5000 Forbes Ave SDS PH 208 Pittsburgh, PA 15213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Allegheny Singer Research 25-1320493 501(C)(3) 41.884 IFMV Institute PO Box 951765 Cleveland, OH 44193

29.395

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

501(c)(3)

Camp Compass Inc

1221 Sumner Ave Allentown, PA 18104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-1636210 501(c)(3) 50.000 IFMV Korean American Medical Association

6200 Savov Dr Ste 650 Houston, TX 77036 WRIGHT STATE UNIVERSITY 31-0732831 501(c)(3) 18.760 IFMV

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

DAYTON, OH 45435

3640 COLONEL GLENN HIGHWAY

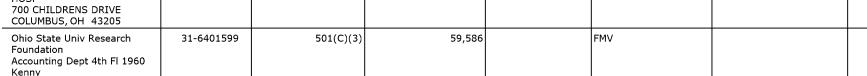
(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Donald Danforth Plant Science 31-1584621 501(c)(3) 250,934 IFMV

Ctr 975 N Warson Rd Saint Louis, MO 63132				

COLUMBUS, OH 432101286

OHIO STATE UNIVERSITY OH 547.846l IFMV 31-6025986 1960 KENNY ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 31-6056230 501(c)(3) 11.768 IFMV RSRCH INSTITUE AT NATIONWIDE CHILDRENS HOSP



Columbus, OH 432101063

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Miami University 31-6402089 501(C)(3) 36.195 IFMV 212 Pearson Hall - 700 E High Oxford, OH 45056

39.664

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

501(c)(3)

Prophet World Beat

Productions 2100 Park Blvd San Diego, CA 92101

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 33-0435954 501(c)(3) 912,539 IFMV SCRIPPS RESEARCH

CLEVELAND CLINIC	24 0714505	F01/a)/2)	12 525	EM)/	
INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037					

CLEVELAND, OH 44195

CLEVELAND CLINIC 34-0/14585 20T(C)(3)1 12,525 ILIVIA FOUNDATION 9500 EUCLID AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CLEVELAND STATE 34-0966056 $\Delta \Box$ 4n nn4l IFM\/

UNIVERSITY 2121 EUCLID AVENUE CLEVELAND, OH 44115	34 0300030	511	40,004	TPIV	I
UNIVERSITY OF NOTRE DAME	35-0868188	501(c)(3)	60,945	FMV	

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

115 MAIN BUILDING NOTRE DAME, IN 46556

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Indiana University 35-6001673 240,474 IFMV

PO Box 66057 Indianapolis, IN 46266					
PURDUE UNIVERSITY 1281 WIN HENTSCHEL BLVD	35-6002041	501(c)(3)	678,176	FMV	

SUITE 1100

WEST LAFAYATTE, IN 47906

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-1408475 501(C)(3) 12.500 IFMV



796.958

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

501(c)(3)

NORTHWESTERN UNIVERSITY

633 CLARK STREET EVANSTON, IL 60208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-2170833 501(c)(3) 5.780 ANN & ROBERT HIURIE IFMV 225 EAST CHICAGO AVENUE CHICAGO, IL 60611

1,940,047

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

501(c)(3)

UNIVERSITY OF CHICAGO

5837 S MARYLAND AVENUE CHICAGO, IL 60637

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Bradley University 37-0661494 501(c)(3) 17.189 IFMV 1501 W Bradley Ave Peoria, IL 616250119

630,283

UNIVERSITY OF ILLINOIS

28395 NETWORK PLACE CHICAGO, IL 60673 37-6000511

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 37-6006007 501(c)(3) 27.552 IFMV UNIVERSITY OF ILLINOIS FOUNDATION 620 F JOHN STREET CHAMPAIGN, IL 61820

441.864

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

501(C)(3)

Board of Trustees of Michigan

446 W Circle Dr Rm 160 East Lansing, MI 488243754

State Univ

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) REGENTS OF THE UNIVERSITY 38-6006309 501(c)(3) 1.298.399 IFMV

OF MICHIGAN G395 WOLVERINE TOWER LOW RISE ANN ARBOR, MI 481091279

177,650

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

501(C)(3)

39-1805963

University of Wisconsin System

1220 Linden Dr Madison, WI 53706

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Board of Regents Univ 39-6006492 501(C)(3) 311.943 IFMV Wisconsin Sys 1975 Willow Dr Madison, WI 53706

16.079

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

501(C)(3)

Comunidades Latinas Unidas

Saint Paul, MN 551065014

En Servicio Inc 797 E 7th St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Regents of the University of 41-6007513 MN 1,255,562 IFMV Minnesota

NW 5960 PO Box 1450 Minneapolis, MN 554851450 MAYO CLINIC 41-6011702 501(c)(3) 97.951

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

PO BOX 860334 MINNEAPOLIS, MN 55486

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Iowa State Univ of Science & 42-6004224 509.531 IFMV Technology 2221 Wanda Daley Dr Admin Serv Blda Ames, IA 500111004

127.425

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

501(C)(3)

42-6004813

State University of Iowa

129 E Washington St 814JB Iowa City, IA 52242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

FMV

WASHINGTON UNIVERSITY 700 ROSEDALE AVE	43-0653611	501(c)(3)	206,813	FMV	
ST LOUIS, MO 63112					

27.256

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

501(c)(3)

SAINT LOUIS UNIVERSITY

3545 LINDELL BOULEVARD ST LOUIS, MO 63103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

The Curators of the Univ of	43-6003859	I MOI	23,523	FMV		
Missouri						
PO Box 807012						
Kansas City, MO 641807012						

Springfield, MO 65897

Missouri State University 44-6000308 501(C)(3) 8.781 IFMV 901 S National

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 45-0233470 501(c)(3) 26.860 BANNER HEALTH IFMV 2901 N CENTRAL AVE STE 160 PHOENIX, AZ 85012

25.875

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

501(c)(3)

Metro Atlanta Urban Farm

College Park, GA 30337

3271 Main St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 45-4682159 501(c)(3) 126.808 LANET COMMUNITY HEALTH IFMV RESOLIRCE NET 04

116.910

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

ND

NESCONCE NET
1649 FRANKLIN ST
SANTA MONICA, CA 90404
North Dakota State University

PO Box 6050 Fargo, ND 581086050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-1345315 N/A 10.833 IFMV VITAME TECHNOLOGIES INCORPORATED 526 CAMPUS ROAD 409 WEILL HALL

60,973

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

SD

46-6000364

ITHACA, NY 14853

State of South Dakota

Box 2201 SAD 133 SDSU Brookings, SD 57007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Doane College 47-0377991 501(c)(3) 20.830 IFMV 1014 Boswell Ave Crete. NE 683332426 Albert Einstein College of 47-2209056 501(c)(3) 1.733.123 IFMV

Medicine Inc

Bronx, NY 10461

1105

1300 Morris Park Ave Belfer

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Edna Novt Congration of 47-2220126 501/61/21 15 0001 IFMV

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bully Next Generation of	4/-3330120	301(0)(3)	13,000	
Academic Physicians				
9 Legendary Cir				
Port Chester, NY 10573				1

47-5628685

GBH INSIGHTS

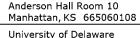
211 EAST 43RD STREET NEW YORK, NY 10017

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

N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 48-0771751 542.700 Kansas State University IFMV

10.989



700 Pilottown Rd Lewes, DE 19958 51-6000297

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-0595110 501(c)(3) 1.855.962 IFMV JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60893 FRIENDS RESEARCH 52-0701445 501(c)(3) 15.203 IFMV

INSTITUTE 1040 PARK AVENUE BALTIMORE, MD 21201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Intnl Food Policy Research 52-1041632 501(c)(3) 608.449 IFMV

	 (-)(-)	/		1
Institute				
1201 Eye St NW				
Washington, DC 20005				

WASHINGTON, DC 20009

52-1122122 159.710 WHITMAN WALKER CLINIC INC. 501(c)(3) IFMV 1342 FLORIDA AVENUE NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Research America 52-1609875 501(c)(3) 8.600 IFMV 241 18th St Ste 501 Arlington, TX 22202

500.192

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

501(c)(3)

CHILDRENS RESEARCH

INSTITUTE 801 ROEDER ROAD SILVER SPRING, MD 20910

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AIDS UNITED 52-1706646 501(c)(3) 33.431 IFMV 1101 14TH STREET WASHINGTON, DC 20005 Intl Service Aca of AarBiotech 52-1740743 501(c)(3) 16.602 IFMV Applications 105 Leland LabCornell University

Ithaca, NY 14853

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 52-1958352 501(c)(3) 38.677 ATLANTIC HEALTH SYSTEM IFMV PO BOX 48328 NEWARK, NJ 071018528 VAN ANDEL RESEARCH 52-2000823 501(c)(3) 79.500 IFMV

INSTITUTE 333 BOSTWICK AVENUE NE

GRAND RAPIDS, MI 49503

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 52-2029941 S-Corpl 320.825 Concepts Inc IFMV 4800 Hampden Ln Ste 200 Bethesda, MD 208142934 UNIVERSITY OF MARYLAND 52-6002033 MD 222.531 IFMV

7809 REGENTS DRIVE COLLEGE PARK, MD 20742

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 53-0196583 501(c)(3) 21.902 IFMV The Catholic University of America

FMV

576,334

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

501(c)(3)

650 Michigan Ave NE Leahy
260
Washington, DC 20064
GEORGE WASHINGTON UNIVERSITY

PHILADELPHIA, PA 19182

PO BOX 829896

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HOWARD UNIVERSITY 53-0204707 501(c)(3) 65.881 IFMV 525 BRYANT STREET NW WASHINGTON, DC 20059

55.463

Smithsonian Institution

MRC 1203 PO Box 37012 Washington, DC 200137012 53-0206027

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 54-0683803 501(c)(3) 10.001 American Fisheries Society IFMV 425 Barlow PI Ste 110

425 Barlow PI Ste 110
Bethesda, MD 208142199

VIRGINIA COMMONWEALTH 54-0757884 501(c)(3) 30,490

UNIV

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

BOX 8430339 RICHMOND, VA 23284

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 54-1908543 501(C)(3) 9.440 Virginia Pumpkin Growers IFMV Association

150.476

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

501(c)(3)

497 Farmers Market Dr Hillsville, VA 243435106 UMASS AMHERST

181 PRESIDENTS DRIVE AMHERST, MA 010039313

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF VIRGINIA 54-6001796 501(c)(3) 510,100 IFMV

PO BOX 400195 CHARLOTTESVILLE, VA 22904					
Virginia Polytech Inst&State Univ	54-6001805	501(C)(3)	93,892	FMV	

300 Turner St Ste 4200 Blacksburg, VA 24061

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) West Virginia Univ Research 55-0665758 501(C)(3) 51.653 IFMV

Corp					
One Waterfront PI 4th FI PO					
Box 600					
Morgantown, WV 26506					
National Aquaculture	55-0696828	501(c)(5)	39 307	FM\/	

National Aquaculture 201(6)(2) Association PO Box 12759

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

Tallahassee, FL 323172759

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 55-6000842 WV 17.533 IFMV State of West Virginia 1900 Kanawha Blvd E Ste 157KS Blda Charleston, WV 253050771 THE CHARLOTTE-56-0529945 501(c)(3) 273.079 IFMV

MECKLENBURG HOSPITAL

PO BOX 601979 CHARLOTTE, NC 28260

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 56-0532129 501(c)(3) 1.105.226 IFMV DUKE UNIVERSITY PAYMENT PROCESSING CENTER CHARLOTTE, NC 28260 INSTITUTE FOR MEDICAL 56-1655431 501(c)(3) 6.621 IFMV

RESEARCH 508 FULTON STREET DURHAM, NC 27705

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 56-6000756 160.452 North Carolina State University I IFMV PO Box 7613

PO Box 7613
Raleigh, NC 27695

UNIVERSITY OF NC AT CHAPEL 56-6001393 501(c)(3) 878,861

HILL
PO Box 402420

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

Atlanta, GA 303842420

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

UNIVERSITY OF SC SCHOOL	57-0705675	501(c)(3)	6,106	FMV	
OF MED ED TRUST					
1244 BLOSSOM STREET					
COLUMBIA, SC 29208					

743.724

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

501(C)(3)

Clemson University

108 Silas N Pearman Blvd Clemson, SC 29634

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government University of South Carolina 57-6001153 501(C)(3) 32.526 IFMV 1600 Hampton St Rm 612 Columbia, SC 29208

550.417

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

501(c)(3)

EMORY UNIVERSITY

1599 CLIFTON ROAD ATLANTA, GA 30322

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-0603146 501(c)(3) 453.576 GEORGIA TECH RESEARCH IFMV CORP 505 TENTH STREET N W

ATLANTA, GA 303320420

173.033

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

501(c)(3)

Clark Atlanta University 223 James P Brawley Dr SW

Atlanta, GA 303144391

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government GEORGIA STATE UNIVERSITY 58-6002050 GΑ 43.738 IFMV ATLANTA, GA 30302

891,057

PO BOX 3999

UNIVERSITY OF MIAMI

PO BOX 025551 MIAMI, FL 33102 59-0624458

501(c)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-0977035 10.319 IFMV Florida Agriculture & Mechanical Univ 201 Fotte-Hilver Administration Ctr Tallahassee, FL 323073200 501(c)(3) FLORIDA STATE UNIVERSITY 59-1961248 331,699 IFMV

874 TRADITIONS WAY TALLAHASSEE, FL 32306

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-2451713 501(c)(3) 237.947 HLEE MOFFITT CANCER CTR & IFMV

RSRCH INSTITUTE PO BOX 742801 ATLANTA, GA 30374

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

Tampa, FL 33620

University of South Florida 59-6001874 501(C)(3) 423.532 IFMV 4202 Fowler Avenue Adm 147

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-6002052 501(c)(3) 695.384 UNIVERSITY OF FLORIDA IFMV 33 TIGERT HALL

GAINESVILLE, FL 32611 Florida Institute of Technology 59-6046500 501(c)(3) 12.505 IFMV

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

Melbourne, FL 32901

Inc 150 W University Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 61-1730890 OR 46.326 Oregon State University IFMV 1089 Cordley Hall

VANDERBILT UNIVERSITY 62-0476822 501(c)(3) 229,759 FMV

MEDICAL 3319 WEST END AVE

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

NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 62-6001636 501(C)(3) 57.074 University of Tennessee IFMV 206 Henson Hall Knoxville, TN 379963332 63-0520830 63.469 IFMV

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

The University of Alabama in Huntsville 301 Sparkman Dr

Huntsville, AL 35899

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 63-6000724 501(C)(3) 37.956 IFMV Auburn University 208 M White Smith Hall 381 Mell St Auburn University, AL 368495110

656,206

501(c)(3)

63-6005396

UNIVERSITY OF ALABAMA

1720 2nd AVENUE SOUTH BIRMINGHAM, AL 35294

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Mississippi State University 64-6000819 501(C)(3) 24.085 IFMV PO Box 5328

Mississippi State, MS 39762

FLORIDA INTERNATIONAL 65-0177616 501(c)(3) 22,227

UNIVER 11200 SW 8TH STREET CSC319

MIAMI, FL 33199

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 66-0433762 GOVERNMENT 60.463 RECINTO DE CIENCIAS IFMV MEDICAS po box 365067 SAN JUAN, PR 009365067

30.670

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

GOVERNMENT

University of Puerto Rico

Mayaguez, PR 006819000

PO Box 9000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 1199SFIU Bill Michelson Home 71-1028611 501(C)(3) 12.623 IFMV

Care Edu Fund 330 W 42nd St FL 28 New York, NY 10036	, , , ,	,		
				1

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

Saint Louis, MO 631799000

US Dept of Agriculture 792.089 72-0564834 GOVERNMENT IFMV PO Box 979099

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of New Orleans 72-0702000 23.141 IFMV 2000 Lakeshore Dr New Orleans, LA 70148 LOUISIANA PUBLIC HEALTH 72-1379921

501(c)(3) 23.316 IFMV INSTITUTE

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

1515 POYDRAS STREET NEW ORLEANS, LA 70112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Louisiana State 72-6000848 501(C)(3) 36,437 IFMV

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

UniversityandA&M College	
302 Life Sciences Bldg	
Baton Rouge, LA 70803	

Houston, TX 77251

Rice University 74-1109620 501(C)(3) 266.671 IFMV PO Box 1892

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Houston Methodist Hospital 74-1180155 501(c)(3) 10.000 IFMV

6565 Fannin St Houston, TX 77030		===(=)(=)	,			
BAYLOR COLLEGE OF MEDICINE	74-1613878	501(c)(3)	355,552	FN	MV	

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

ONE BAYLOR PLAZA HOUSTON, TX 77030

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 74-1974733 126.607 **IFMV** TEXAS A&M ENGINEERING EXPERIMENT ST 400 HARVEY MITCHELL

193.009

501(c)(3)

74-2044647

PARKWAY SOUTH	
COLLEGE STATION, TX	778
NATIONAL JEWISH HEA	LTH

1400 JACKSON STREET DENVER, CO 80206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF TEXAS AUSTIN 74-6000089 47.926 IFMV

1470 WILLIAM D FITCH PKWY COLLEGE STATION, TX 77845 The University of Texas at 74-6000203 103.633 IFMV

Austin PO Box 7159

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

Austin, TX 787137159

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Toyac A & M University 74-6000521 ⊤vI 220 762 | EM\/

Ste 300 College Station, TX 778454375	74-6000541	TV	220 587	EMV	
400 Harvey Mitchell Pkwy S	74-0000331	1^	220,702	1111	

TEXAS A & M AGRILIFE /4-6000541 220,587 ILIVIA RESEARCH 2147 TAMU

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

COLLEGE STATION, TX 77843

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government LINITY/EDOTTY/ OF TEV/AC AT EI 74 6000013 160 254 LEWY.

PASO 500 W UNIVERSITY AVENUE EL PASO, TX 79902	74-6000613	1^	100,334	FINV	
THE UNIVERSITY OF TEXAS	74-6001118	501(c)(3)	85,933	FMV	

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

PO BOX 4390

HOUSTON, TX 772104390

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-6002622 501(C)(3) 5.829 Texas Tech University IFMV Box 41105 Lubbock, TX 794091105

THE UNIVERSITY OF TEXAS 75-6002868 289.157 IFMV

SOUTHWESTER 5323 HARRY HINES BLVD DALLAS, TX 785909020

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW YORK GENOME CENTER 80-0631734 501(c)(3) 337 262 IFM\/

INC PO BOX 9551 NEW YORK, NY 10087	00 0031731	301(0)(3)	337,232		
Sathguru Inc	80-0664005	N/A	1,949,309	FMV	

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

Sathguru Inc

88 Broad St Fl 5 Boston, MA 021103403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-6010045 501(C)(3) 17.364 Montana State University IFMV

119 Plant BioSciences Bldg Bozeman, MT 59717 Regents of the University of 82-6000945 501(C)(3) 225.401 IFMV

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

Idaho 29603 U of I Ln Parma, ID 83660

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 84-6000545 CO 288.651 Colorado State University IFMV 1678 Campus Delivery Fort Collins, CO 805231678 UNIVERSITY OF COLORADO 84-6000555 501(c)(3) 996.894 IFMV

PO BOX 910238 DENVER, CO 80291

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of New Mexico 85-6000642 501(C)(3) 144.623 IFMV 1312 Basehart Rd Se STE 100 Albuquerque, NM 871064365 Arizona State University 86-0196696 190.522 IFMV

PO Box 871504 Tempe, AZ 852871504

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF ARIZONA 86-6050388 501(c)(3) 47.264 IFMV LUSINE GASPARYAN 86-7802833 N/A 344.080 IFMV

PO BOX 28820 TUCSON, AZ 85726

499 FOREST STREET WALTHAM, MA 024525724

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Brigham Young University 87-0217280 501(C)(3) 54.438 IFMV

184.347

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

501(c)(3)

DNA Sequencing Center Provo, UT 84602 METHODIST HOSPITAL

PO BOX 4805 HOUSTON, TX 77210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 87-6000525 212.295 IFMV SALT LAKE CITY, UT 84112 501(c)(3)

82.169

UNIVERSITY OF UTAH	
201 SOUTH 1460 FAST	

87-6000528

Utah State University

2315 Old Main Hill Logan, UT 84322

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 91-0826533 501(C)(3) 46.768 IFMV



157.073

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

501(c)(3)

Institute for Systems Biology

401 Terry Ave N Seattle, WA 981095263

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government UNIVERSITY OF WASHINGTON 91-6001537 WA 717.248 **IFMV**

					T
Washington State University	91-6001108	WA	405,989	FMV	
24106 N Bunn Rd			,		1
					1
Prosser, WA 993508694					1

4333 BROOKLYN AVE NE SEATTLE, WA 981959472

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of Alaska 92-6000147 501(C)(3) 31.541 IFMV PO Box 755040 Fairbanks, AK 997755040

OREGON HEALTH & SCIENCE 93-1176109 501(c)(3) 413.269 IFMV UNIVERSITY

MAIL CODE L106 OPAM PORTLAND, OR 972393098

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-1156365 501(c)(3) 2,265,307 STANFORD UNIVERSITY IFMV PO BOX 44253 SAN FRANCISCO, CA 94144 The Regents of the Univ of 94-3067788 501(C)(3) 151.951 IFMV California 1111 Franklin St

Oakland, CA 94607

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 94-3084159 501(c)(3) 194.609 IFMV NORTHERN CALIFORNIA INSTITUTE 4150 CLEMENT STREET 151

NC SAN FRANCISCO, CA 94121 University of California SAN 501(c)(3) 1,139,419 94-6036493 FMV FRANCISCO PO BOX 0812

SAN FRANCISCO, CA 941430622

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Regents Of the University of 94-6036494 501(C)(3) 2.398.551 IFMV

PO Box 989062 West Sacramento, CA 957989062					
UNIVERSITY OF SOUTHERN	95-1642394	501(c)(3)	249,915	FMV	

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

CALIFORNIA 3500 S FIGUEROA STREET

LOS ANGELES, CA 90089

California

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) California Institute of 95-1643307 501(C)(3) 186,231 IFMV

1ecnnology 1200 E California Blvd M/C 114-96 Pasadena, CA 91125					
CEDARS SINAI MEDICAL	95-1644600	501(c)(3)	47,342	FMV	

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

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CENTER

6500 WILSHIRE BLVD LOS ANGELES, CA 90048

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LINEVEDCITY OF CALLEONIA OF 3350004 E01/-1/21 20 411 I EMAL

LOS ANGELES BOX 951432 1125 MURPHY HALL LOS ANGELES, CA 90095	95-2250801	501(c)(3)	20,411	FMV	

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

SILVER SPRING, MD 20910

HALL
LOS ANGELES, CA 90095

AMERICAN UROGYNECOLOGIC 95-3388558 501(c)(3) 169,864
SOCIETY
1100 WAYNE AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Regents Univ of California Los 95-6006143 501(C)(3) 514.340 IFMV Angeles Box 951432 Los Angeles, CA 900951432 UNIVERSITY OF CALIFORNIA 95-6006145 501(c)(3) 1.345.975 IFMV

SANTA BARBARA 1101 STUDENT AFFAIRS SANTA BARBARA, CA 93106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government University of Hawaii 99-6000354 501(C)(3) 51.810 IFMV 2500 Campus Rd

Honolulu, HI 96822

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49312	26025	071
Sch	edule J	Co	mpensat	ion Information	0	MB No.	1545-0	0047
(Forr	n 990)		Compensa anization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, n to Form 990.		20	19	•
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	Open i	to Pul ectio	
	ne of the organiza	Iation			Employer identifica			
Corr	nell University				15-0532082			
Pa	rt I Questi	ons Regarding Compensat	tion					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
	✓ First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	☑	Payments for business use of perso				
		nification and gross-up payments	s ✓ ✓	Health or social club dues or initiation				
	Discretion	nary spending account	V	Personal services (e.g., maid, chauf	teur, chet)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	4 . 3	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lir	ie la?			
3	organization's C	EO/Executive Director. Check all	l that apply. Do i	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee		Written employment contract				
	_ '	ent compensation consultant	Z	Compensation survey or study				
		of other organizations	<u>~</u>	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		r receive payment from, a supple				4b	Yes	
C				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	olicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			=	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.			_			
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did s," describe in Pa	the organization provide any nonfixe art III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9				presumption procedure described in		9		1.5
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	(Forn	990)	2019

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

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference **Explanation**

> THE POSITIONS OF PRESIDENT OF THE CORNELL UNIVERSITY AND THE DEAN OF MEDICINE AT WEILL MEDICAL COLLEGE RECEIVE THE BENEFITS STATED IN SCHEDULE J. PART I. LINE 1A. AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY. BOTH THE PRESIDENT OF THE UNIVERSITY

Page 3

Schedule 1 (Form 990) 2019

AND THE INDIVIDUAL SERVING AS DEAN AND PROVOST OF MEDICINE ARE REQUIRED TO LIVE IN UNIVERSITY-PROVIDED HOUSING. EXPENSES FOR USE OF THEIR RESPECTIVE HOMES FOR THE UNIVERSITY'S BUSINESS PURPOSES ARE PAID OR REIMBURSED BY THE UNIVERSITY. TAXABLE HOUSING BENEFITS ARE SHOWN IN SCHEDULE J FOR ZEV ROSENWAKS AND KEN MIRANDA. POTENTIALLY TAXABLE BENEFITS. SUCH AS USE OF AN AUTOMOBILE. PROVIDING A CORNELL EMPLOYEE AS A DRIVER, CLUB AND ASSOCIATION MEMBERSHIPS USED FOR BUSINESS PURPOSES, DISCRETIONARY SPENDING ACCOUNTS, PERSONAL SERVICES, AND PAYMENT OF PROFESSIONAL ADVISORS HAVE BEEN INCLUDED WHERE RELEVANT IN SCHEDULE J. PART II. WHERE BENEFITS ARE TAXABLE. SUCH AMOUNTS ARE INCLUDED AS TAXABLE WAGES ON THE EMPLOYEES RESPECTIVE FORMS W-2. PAYMENT OR REIMBURSEMENT OF THE EXPENSES DESCRIBED IN LINE 1A ARE 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. EMPLOYEES MAY UPGRADE THEIR CLASS OF SERVICE AT THEIR OWN

Schedule J (Form 990) 2019

SCHEDULE J, PART I, LINE 1A AND 2

EXPENSE USING THEIR OWN MEANS OF PAYMENT OR THEIR FREQUENT-FLYER MILES, PREMIUM CLASS (E.G., BUSINESS CLASS, FIRST CLASS, ETC) MUST NOT BE PURCHASED USING SPONSORED FUNDS OR FEDERAL APPROPRIATIONS, UNLESS SPECIFICALLY APPROVED IN THE AWARD DOCUMENTS. SCHEDULE J, PART I, LINE 4B HUNTER R. RAWLINGS PARTICIPATED IN A BOARD-AUTHORIZED IRC SECTION 457(F) DEFERRED COMPENSATION PLAN WHILE SERVING THE UNIVERSITY. FOLLOWING HIS SECOND RETIREMENT FROM THE UNIVERSITY, PAYMENTS UNDER THE IRC SECTION 457(F) PLAN RESUMED IN JULY, 2017. THE CURRENT PRESIDENT DOES NOT CURRENTLY PARTICIPATE IN A 457(F) PLAN.

SCHEDULE J, PART I, LINE 7 ALL BONUS PAYMENTS INCLUDED ABOVE ARE NON-FIXED AND ARE PROVIDED TO INDIVIDUALS IN RECOGNITION OF ACCOMPLISHMENTS OF SPECIFIC GOALS OR OVERALL PERFORMANCE, EXCEPT CHIEF INVESTMENT OFFICER WHOSE BONUS IS DETERMINED ACCORDING TO A PREDETERMINED FORMULA, ADDITIONAL INFORMATION ON BOARD OF TRUSTEES. THE CORNELL BOARD INCLUDES FACULTY, STAFF AND STUDENTS. FACULTY MEMBERS ELECT TWO (2) MEMBERS; THE ISTUDENT BODY ELECTS TWO (2) MEMBERS; THE 'EMPLOYEE ASSEMBLIES' ELECT ONE (1) MEMBER.

SCHEDULE J. PART II. COLUMN B(II) BONUS AND INCENTIVE PAY IS ANY PAYMENT RECEIVED RELATED TO THE SCHEDULE J. PART I. LINE 7 DISCLOSURE. THE FOLLOWING INDIVIDUALS RECEIVED BONUS AND INCENTIVE PAY: ZEV ROSENWAKS, MD, STEVEN SPANDORFER, MD, AUGUSTINE M.K. CHOI, ROBERT J. MIN, MD, KENNETH M. MIRANDA, STEPHEN

COHEN AND HARRY KATZ. SCHEDULE J. PART II, COLUMN B(III) OTHER REPORTABLE COMPENSATION REPORTED ON SCHEDULE J IS MADE UP OF ONE, OR A VARIETY OF THE FOLLOWING ITEMS: PENSION RESTORATION

BENEFITS, SUPPLEMENTAL WAGES, WHICH INCLUDES WAGES EARNED FOR CLINICAL SERVICES AT THE HOSPITAL, AND OTHER TAXABLE BENEFITS OR REIMBURSEMENTS RECEIVED, SUCH AS A HOUSING ALLOWANCE. THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL WAGES FOR CLINICAL SERVICES:

AUGUSTINE M.K. CHOI, KENNETH M. MIRANDA, HEY-JOO KANG, MD. STEVEN SPANDORFER, MD AND ZEV ROSENWAKS, MD. RECEIVED TAXABLE HOUSING

IALLOWANCES. SCHEDULE J, PART II, COLUMNS C CORNELL UNIVERSITY PROVIDES A WIDE VARIETY OF BENEFITS TO ITS EMPLOYEES. BENEFITS ARE TREATED AS A NON-TAXABLE BENEFIT, A PRE-TAX EMPLOYEE AND D

DEDUCTION, A POST-TAX EMPLOYEE DEDUCTION, OR OTHERWISE RECORDED AS TAXABLE INCOME, CORNELL CONTRIBUTES ON BEHALF OF THE EMPLOYEE ON A TAX-FREE BASIS. FOR A PORTION OF THEIR HEALTH, DENTAL, AND LIFE INSURANCE, EMPLOYEES CONTRIBUTE TO THOSE BENEFITS ON A PRE-TAX BASIS.

ALONG WITH OTHER PRE-TAX BENEFITS SUCH AS VISION, A FLEXIBLE SPENDING ACCOUNT, DEPENDENT GROUP LIFE INSURANCE, AND RETIREMENT ACCOUNTS.

Software ID: Software Version:

EIN: 15-0532082

Name: Cornell University

Form 990, Schedule	· J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1ZEV ROSENWARKS MD PROFESSOR TENURE	(i)	328,736	1,210,004	7,266,337	35,355	24,274	8,864,706	0
CLINICAL	(ii)	0	0	0	0	0	0	0
1HEY-JOO KANG MD ASSOCIATE PROFESSOR	(i)	63,694	0	5,976,039	24,855	37,406	6,101,994	0
ASSOCIATE PROFESSOR	(ii)	0	0	0	0		0	0
2RONY ELIAS MD	(i)	54,470	0	4,483,860	24,855	36,994	4,600,179	0
ASSISTANT PROFESSOR - CLINICAL	(ii)	0						
3STEVEN SPANDORFER MD	(i)	77,725	1,500	4,155,107	35,355	34,755	4,304,442	0
ASSOCIATE PROFESSOR - CLINICAL	(ii)	0						
4LEONARD GIRARDI MD	(i)	430,789	0	3,762,785	54,355	12,929	4,260,858	0
PROFESSOR & CHAIR	(ii)							
5 ANTONIO M GOTTO MD	(i)	0	0	2,794,016	0	0	2,794,016	0
FORMER PROVOST & DEAN EMERITUS	(ii)							
6 AUGUSTINE MK CHOI MD	(i)	916,339	333,415	1,235,881	35,355	12,085	2,533,075	0
PROVOST FOR MEDL AFFRS & DEAN	(11)			1,233,001			2,333,073	
7 ROBERT J MIN MD	(ii)	349,093	313.460	1 571 015	0	14.155	2 202 006	0
CHIEF EXECUTIVE OFFICER	(')		312,468	1,571,015	35,355	14,155	2,282,086 	
8KENNETH M MIRANDA	(ii)	795,400	0	0	0	0	0	0
CHIEF INVESTMENT OFFICER		793,400	725,376	158,381 	47,000	2,150	1,728,307	0
9MARTHA E POLLACK	(ii)	1 338 056	0	0	0	0	0	0
PRESIDENT	(i)	1,228,956	0	130,310	47,000	16,315	1,422,581	0
ACCTEDIUM COLUMN	(ii)	0	0	0	0	0	0	0
10 STEPHEN COHEN EXEC. VICE PROV. FOR ADM	(i)	1,233,154	101,900	4,420	35,355	30,450	1,405,279	0
& FIN	(ii)	0	0	0	0	0	0	0
11 MICHAEL I KOTLIKOFF PROVOST	(i)	720,885	0	31,142	83,400	21,474	856,901	0
	(ii)	0	0	0	0	0	0	0
12JOANNE M DESTEFANO CFO & EVP	(i)	709,451	0	50,775	60,505	10,881	831,612	0
	(ii)	0	0	0	0	0	0	0
13MADELYN F WESSEL UNIV. COUNSEL &	(i)	555,321	0	35,610	47,000	17,004	654,935	0
SECRETARY	(ii)	0	0	0	0	0	0	0
14HARRY KATZ FORMER OFFICER/CURRENT	(i)	280,334	27,000	64,616	41,505	24,632	438,087	0
PROF	(ii)	o	0	0	0	0	0	0
15MELISSA A HINES TRUSTEE & PROFESSOR	(i)	166,491	0	38,316	20,823	5,765	231,395	0
	(ii)	o	0	0	ol	0	0	0
16BRUCE V LEWENSTEIN TRUSTEE & PROFESSOR	(i)	169,178	0	0	23,441	26,332	218,951	0
THOSTLE & FROI LOSON	(ii)	0	0	n	ol	n		0
17HUNTER R RAWLINGS III	(i)	146,328	0	0	15,000	15,943	177,271	0
FORMER PRESIDENT	(ii)	0			0			
	ı` <i>′</i>	_	ı	0	ı	U	0	<u> </u>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K

Are there any lease arrangements that may result in private business use of bond-financed

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

(Form 990)

Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

OMB No. 1545-0047 2019

Open to Public

DLN: 93493126025071

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Schedule K (Form 990) 2019

Nam	e of the organization	▶G	o to <u>www.irs.gov/l</u>	Form990 for instruct	ions and the	e latest	tinfor	rmation.		Emplo	yer ident		Inspecti on numbe		
Cor	nell University									15-05	532082				
Pa	art I Bond Issues									-					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	((f) Description	on of purpose	(g) D	efeased	beh) On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	DASNY (2020A-2 - 77840000)	14-6000293	64990GF56	05-12-2020	102,0	90,381	REFUI BOND		REOFFERING		Х		Х		Х
В	DASNY (2020A - 233000000)	14-6000293	64990GB43	04-02-2020	292,6	57,467	REFUI	IND 2010A D	ASNY BONDS		Х		X		Х
С	DASNY (2019D - 121415000)	14-6000293	64990GSL7	09-19-2019	161,4	46,050	SEE S	SUPPLEMENT	AL INFORMATIO	N	Х		X		Х
D	DASNY (2019ABC - 286155000)	14-6000293	64990GMF6	04-25-2019	306,7	33,618	SERIE	ES 2019A AN	ID TECP REFUNI)	Х		Х		X
Pa	rt III Proceeds									•					
						Δ		E	3	•				D	
1	Amount of bonds retired						0		0			0		8,5	40,000
2	Amount of bonds legally defease						0		0			0			0
3	Total proceeds of issue					102,090	0,381	;	292,657,467		162,969,	130		306,7	733,618
4	Gross proceeds in reserve funds						0		0			0			0
5	Capitalized interest from proceed	ds					0		0		10,826,	171			0
6	Proceeds in refunding escrows .						0		0			0			0
7	Issuance costs from proceeds .					422	2,905		819,381		617,	744		1,2	207,989
8	Credit enhancement from proces	eds					0		0			0			0
9	Working capital expenditures fro	om proceeds					0		0			0			0
10	Capital expenditures from proce-	eds					0		0		71,014,	144			0
11	Other spent proceeds					101,667	7,476	:	291,838,086			0		305,5	525,629
12	Other unspent proceeds						0		0		80,511,	071			0
13	Year of substantial completion .				20	20		20	20				2	2019	
					Yes	No)	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part o bonds (or, if issued prior to 2018	of a current refunding 8, a current refundin	g issue of tax-exempt g issue)?	: 	х			Х			Х		Х		
15	Were the bonds issued as part o bonds (or, if issued prior to 2018	of an advance refund 8, an advance refund	ing issue of taxable ding issue)?			Х			Х		Х				X
16	Has the final allocation of procee	eds been made? .			X			Х			X		X		
17	Does the organization maintain a proceeds?	adequate books and	records to support th	ne final allocation of	Х			Х		Х			Х		
Pa	rt Ⅲ Private Business Us														
						Δ.		E			C			D	
1	Was the organization a partner i	in a partnership, or a	a member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No X		Yes	1	No X
	financed by tax-exempt bonds?	<u></u>		• •											

Χ

Cat. No. 50193E

Χ

Schedule K (Form 990) 2019

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8a

Part IV

b

C

Arbitrage

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No

Χ

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Page 2

No

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Yes

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Schedule K (Form 990) 2019

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Yes

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Yes

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No

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C

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

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

WITH NO NEW MONEY COMPONENT, EXEMPT FROM REBATE CALCULATION.

Yes

Χ

No

Explanation

PART I (F) REFUNDED DASNY SERIES 2008BC REISSUANCE BONDS (ISSUED 05/03/2010). PART IV, LINE 2 SERIES 2020A-2 BONDS REFINANCED EXISTING DEBT

Χ

Yes

No

Yes

Χ

Page 3

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Nο

D

Nο

Yes

Schedule K (Form 990) 2019

period?

Part V

Part VI

SERIES 2020A-2

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Return Reference	Explanation
	PART I (F) REFUNDED DASNY SERIES 2010A BONDS (ISSUED 06/09/2010). PART IV, LINE 2 SERIES 2020A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT. EXEMPT FROM REBATE CALCULATION.

Return Reference	Explanation
ERIES 2019D	PART I (F) CONSTRUCTION OF NEW MONEY PROJECT. PART II, LINE 3 THE AMOUNT LISTED FOR TOTAL PROCEEDS OF THE ISSUE EXCEEDS THE AMOUNT LISTED IN PART I, (e) DUE TO INVESTMENT PROCEEDS EARNED ON THE CONSTRUCTION ACCOUNT. PART IV, LINE 2 SERIES 2019D BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT. EXEMPT FROM REBATE CALCULATION.

SE

Return Reference	Explanation
SERIES 2019A, B, C	PART I (F) REFUNDED \$253,625,000 OF SERIES 2009A BONDS (ISSUED 04/22/2009) AND \$52,890,000 OF TAX- EXEMPT CP. PART IV, QUESTION 2 SERIES A, B, C BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT. EXEMPT FROM REBATE CALCULATION.

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Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

DLN: 93493126025071

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Schedule K (Form 990) 2019

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

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

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Schedule K

(Form 990)

Department of the Treasury Internal Revenue Service

Employer identification number Cornell University 15-0532082 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No DASNY (SERIES 2016A - 12585 14-6000293 64990BG49 05-17-2016 153,651,986 SEE SUPPLEMENTAL INFORMATION Χ Χ Χ MILLION PAR) TCIDA (SERIES 2002A - 235765 16-1214039 01-20-2016 35,765,000 SEE SUPPLEMENTAL INFORMATION Χ Х MILL PAR) DASNY (SERIES 2000AB -101,130,000 SEE SUPPLEMENTAL INFORMATION 14-6000293 12-06-2015 Χ Χ Χ 10113 MILL PAR) TCIDA (SERIES 2008A 70 16-1214039 890099EO3 06-23-2010 75,307,598 REFUNDED 2008 BONDS Χ MILLION PAR) (1/30/2008)Part II **Proceeds** C В D 18,745,000 9,415,000 28,560,000 16,590,000 2 Total proceeds of issue . 3 153,651,986 35,765,000 101,130,000 75,307,598 4 5 6 660,938 520,432 8 9 0 10 11 152,991,048 35,765,000 101,130,000 74,787,166 13 2016 2016 2016 2010 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable Χ Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🎹 Yes Yes No No No Yes Yes No

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Cat. No. 50193E

Schedule K (Form 990) 2019

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Part IV

b

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Arbitrage

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Yes

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Schedule K (Form 990) 2019

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Page 2

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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?	
Are there any research agreements that may result in private business use of bond-financed property?	
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside	

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Are there any management or service contracts that may result in private business use of

counsel to review any research agreements relating to the financed property?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

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

Yes

Χ

No

Explanation

PART I (F) REFUNDED 2006 DASNY BONDS (ISSUES 5/11/2006) PART IV, QUESTION 2 SERIES 2016A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY

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Yes

No

Yes

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Page 3

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Nο

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Nο

Yes

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

COMPONENT, EXEMPT FROM REBATE CALCULATION.

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2019

period?

Part V

Part VI

SERIES 2016A

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Return Reference	Explanation
SERIES 2002A	PART I (F) REFUNDED 2002A TCIDA BONDS (ISSUED 2/14/2002) PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED. PART IV, QUESTION 2 SERIES 2002A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT. EXEMPT FROM REBATE CALCULATION.

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

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Return Reference	Explanation
SERIES 2008A	PART IV, QUESTION 2 ARBITRAGE REBATE COMPUTATION COMPLETED 9/12/2012 CORNELL HAS VERIFIED THAT ALL REQUIRED ARBITRAGE REPORTS WERE FILED AS FINAL, AND NO ADDITIONAL REPORTS ARE REQUIRED DUE TO THE FACT THERE CAN BE NO IRS INSTALLMENT PAYMENTS OR LIABILITY SINCE ALL BOND PROCEEDS WERE UTILIZED OR SPENT PRIOR TO EACH FINAL ARBITRAGE FILING.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

DLN: 93493126025071

▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Cornell University

Employer identification number

15-0532082 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (i) Pool (h) On behalf of financing issuer Yes No Yes No Yes No DASNY (SERIES 1990B - 5045 55,997,134 REFUND 1990 BONDS Х Χ 14-6000293 649905ZH2 05-03-2010 MILLION PAR) (12/19/1990)DASNY (SERIES 2004AB - 921 Χ Χ Χ 14-6000293 64983TRF2 05-27-2004 92,100,000 SEE SUPPLEMENTAL INFORMATION MILLION PAR) Part II Proceeds

	The Proceeds								
			A		В		3	1)
1	Amount of bonds retired		29,625,000		35,650,000				
2	Amount of bonds legally defeased		0		0				
3	Total proceeds of issue		55,997,134		92,663,883				,
4	Gross proceeds in reserve funds		0		0				,
5	Capitalized interest from proceeds		0		0				
6	Proceeds in refunding escrows		0		0				
7	Issuance costs from proceeds		0		842,345				
8	Credit enhancement from proceeds		0		0				
9	Working capital expenditures from proceeds		0		0				
10	Capital expenditures from proceeds	0		50,376,296					
11	Other spent proceeds	55,997,134		41,445,242					
12	Other unspent proceeds		0		0				
13	Year of substantial completion	2010		2006					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	Х		Χ					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		х		Х				
16	Has the final allocation of proceeds been made?	Х		Х					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х					
Pai	t III Private Business Use								
		ı	Α		В	(3	[)
		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?				Х				
2	Are there any lease arrangements that may result in private business use of bond-financed			Х					

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated? Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government 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)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

Schedule K (Form 990) 2019

b

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d

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8a

Part IV

b

C

Arbitrage

Page **2**

D

Schedule K (Form 990) 2019

No

Yes

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No

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Yes

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counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

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No

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Yes

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Page 3

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Nο

Yes

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		
b	Name of provider	0		0			

Yes

Χ

No

Explanation

PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED. PART IV, QUESTION 2 SERIES 1990B BONDS REFINANCED EXISTING

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Yes

No

Yes

Nο

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

DEBT WITH NO NEW MONEY COMPONENT. EXEMPT FROM REBATE CALCULATION

Schedule K (Form 990) 2019

period?

Part V

Part VI

SERIES 1990B

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Return Reference	Explanation
SERIES 2004A&B	PART I (F) REFUNDED 1998 TAX EXEMPT COMMERCIAL PAPER (\$40,805,000) AND FINANCED NEW PROJECTS. PART II, LINE 3: AMOUNT LISTED FOR TOTAL PROCEEDS OF THE ISSUE EXCEED ISSUE PRICE DUE TO INVESTMENT INCOME ON THE CONSTRUCTION FUND. PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 7/24/2007. CORNELL HAS VERIFIED THAT ALL REQUIRED ARBITRAGE REBATE REPORTS WERE FILED AS FINAL, AND NO ADDITIONAL REPORTS ARE REQUIRED DUE TO THE FACT THERE CAN BE NO IRS INSTALLMENT PAYMENTS OR LIABILITY SINCE ALL BOND PROCEEDS WERE UTILIZED OR SPENT PRIOR TO EACH FINAL ARBITRAGE FILING. PART VI NONE OF TAX EXEMPT BONDS: WITH THE IMPLEMENTATION OF THE MIXED USE RULES, THE UNIVERSITY HAS SEEN A REDUCTION IN REPORTABLE PRIVATE USE DUE TO UNIVERSITY EQUITY AND GIFTS.

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Schedule L	hedule L Transactions with Interested Persons					01	OMB No. 1545-0047						
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						5,	20	19)				
Department of the Trea Internal Revenue Servio		Go to <u>www.ii</u>		ch to Form 99 [.] <u>rm990</u> for inst			forma	tion.			Open t Insp	o Pul ectio	
Name of the orga Cornell University							Er	nplo	yer ide	ntifica	ition n		
								5-053					
	ss Benefit Trar ete if the organiza							-					
	Name of disquali			Relationship be					escript			Corre	cted?
				(organization			tr	ansacti	on	Ye	es	No
							-						
Part II Loa	nount of tax, if an ans to and/or Inplete if the organ orted an amount of (b) Relationship with organization	y, on line 2, a From Inter ization answe n Form 990, l (c) Purpose	rested Peered "Yes" of Part X, line	rsons. on Form 990-EZ 5, 6, or 22	organization .		(g)	In	line 26	h)	(i	anizati) Writt reeme	en
			То	From	-		Yes	No	Yes	No	Yes	N	lo
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Total .				.	\$					1			
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	plete if the orga					1							
(a) Name of interested person (b) Relationship between interested person and organization			on and the				of assi	stanc	e	(e) Pu) Purpose of assistance		

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Si organiz rever	of zation's
				Yes	No
(1) Peter Destefano	OFFICER - SPOUSE	68,601	compensation		No
(2) Carolyn McDaniel	OFFICER - SPOUSE	99,562	Compensation		No
(2) Many E Chai	OFFICER CROUSE	204 267	COMPENSATION		No

(3) Mary E Choi OFFICER - SPOUSE 394,367 COMPENSATION Nο

Explanation

Schedule I. (Form 990 or 990-F7) 2019

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

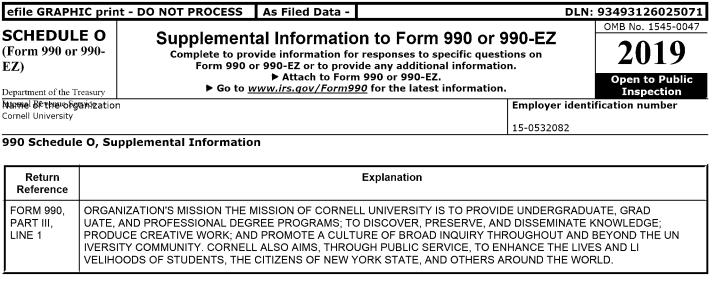
Part V

Supplemental Information

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493126025071 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Cornell University 15-0532082 Part I **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . 2,062,377 Appraisal Art—Historical treasures Art—Fractional interests Books and publications Χ 661,275 FMV Clothing and household 1,550 FMV Χ Cars and other vehicles Boats and planes . Intellectual property . . Χ 1,141 66,560,801 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, Χ 25 4,193,285 FMV or trust interests 12 Securities—Miscellaneous . Χ 628,985 FMV Qualified conservation contribution-Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial 17 Real estate—Other . Collectibles . . . 18 Χ 3,376 FMV 19 Food inventory . . . Χ 5 57,225 FMV 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 1,161,507 FMV 25 Χ 104 Other ► (Equipment) Χ 23 419.010|FMV 26 Other ▶ (Horses) Gift 14 1,040 FMV Other ▶ (certificates 28 Other ▶ (. Number of Forms 8283 received by the organization during the tax year for contributions 29 19 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)



Return

Reference	
FORM 990,	CONTINUED: AND CORNELL TECH IN NEW YORK CITY. THE UNIVERSITY HAS A SIGNIFICANT INTERNATION
PART III,	AL EDUCATIONAL PRESENCE, INCLUDING WEILL CORNELL MEDICAL COLLEGE'S CAMPUS IN DOHA, QATAR.
LINE 4A	DURING THE REPORTING YEAR, THE UNIVERSITY GRANTED THE FOLLOWING DEGREES: UNDERGRADUATE (3,
	975) MACTEDO (2.240) DE D. (594), AND LD. M.D. 9 D.V.M.DECDEEC (406), EODM 000, DADT II

Evolunation

INE 4A DURING THE REPORTING YEAR, THE UNIVERSITY GRANTED THE FOLLOWING DEGREES: UNDERGRADUATE (3, 875); MASTERS (3,310); PH.D. (584); AND J.D, M.D. & D.V.M DEGREES (406). FORM 990, PART II
I, LINE 4D OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE, BUT ARE NOT LIMITED TO, CORNELL'
S LAND-GRANT MISSION. ACADEMIC CONFERENCES. PUBLICATIONS. AND ROOM AND BOARD FOR STUDENTS.

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	EXECUTIVE COMMITTEE ARTICLE II OF THE BY-LAWS PROVIDES THAT THE EXECUTIVE COMMITTEE IS COM PRISED OF THE CHAIRPERSON AND VICE CHAIRPERSONS OF THE BOARD, THE PRESIDENT OF THE UNIVERS ITY, AND THE CHAIRPERSONS OF THE TWO BOARDS OF OVERSEERS, EACH EX OFFICIO, TOGETHER WITH T RUSTEES AND EMERITUS TRUSTEES TO BE ELECTED BY THE BOARD. DURING THIS REPORTING YEAR, ALL MEMBERS OF THE EXECUTIVE COMMITTEE WERE TRUSTEES. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO: (1) REVIEW THE BUDGET AND FINANCIAL PLAN FOR CORNELL UNIVERSITY, EXCEPT FOR WEILL MEDICA L COLLEGE, AND TO SUBMIT THE PLAN, WITH RECOMMENDATIONS, FOR FULL BOARD REVIEW; (II) REVIEW THE PRESIDENT'S PLAN FOR THE UNIVERSITY'S PROPERTIES AND INVESTMENTS; (III) REVIEW AND A PPROVE THE PRESIDENT'S COMPENSATION; (IV) REVIEW AND APPROVE COMPENSATION AND BENEFIT POLICIES FOR ALL UNIVERSITY PERSONNEL; (V) ELECT THE DEANS, DIRECTORS AND OTHER HEADS OF THE COLLEGES, SCHOOLS OR OTHER ACADEMIC UNITS, ALL UPON RECOMMENDATION OF THE PROVOST OR PROVOST FOR MEDICAL AFFAIRS, AS APPROPRIATE, AND WITH THE CONCURRENCE OF THE PRESIDENT; (VI) PRESCRIBE THE DUTIES OF SUCH OFFICERS AND ADJUST THEIR COMPENSATION, EXCEPT FOR WEILL MEDICAL COLLEGE; AND (VII) EXERCISE THE POWERS OF THE BOARD IN ALL MATTERS, EXCEPT THOSE WHICH REQUIRE ACTION BY THE FULL BOARD, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES. FORM 990, PART VI, LINE 4 SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS CHANGES MADE TO THE UNIVERSITY BY-LAWS WERE APPROVED BY THE BOARD ON THE FOLLOWING DATES: OCTOBER 18, 2019 - UNIVERSITY BY-LAWS WERE APPROVED BY THE BOARD ON THE FOLLOWING DATES: OCTOBER 18, 2019 - UNIVERSITY BY-LAWS ARTICLE II, SECTION 5. TO CL ARIFY THE ELECTION OF TRUSTEES BY OTHER CONSTITUENCIES.

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS PURSUANT TO THE UNIVERSITY'S CHARTER, THE BOARD OF TRUST EES CONSISTS OF 64 MEMBERS. OF THIS NUMBER, THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE S ENATE, THE SPEAKER OF THE ASSEMBLY, AND THE PRESIDENT OF THE UNIVERSITY ARE EX OFFICIO TRU STEES 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, AND THE NON-ACADEMIC STAFF APPOINT ONE MEMBER AND THE ALUMNI ELECT EIGHT MEMBERS. ALL REM AINING TRUSTEES ARE ELECTED BY THE BOARD OF TRUSTEES.

Return Reference	Explanation
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 FROM 990 IS INCLUDED IN THIS NOTIFICATION. IF ANY CHANGES ARE MADE, PRIOR TO FILING, THE FINAL 990 IS POSTED TO THE BOARD OF TRUSTEES PASSWORD-PROTECTED
	WEBSITE. AN EMAIL NOTIFICATION IS SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES INF

ORMING THEM THAT CHANGES HAVE BEEN MADE WITH A LINK TO THE SECURE WEBSITE.

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY INFORMATION ON M ONITORING CONFLICT OF INTEREST: UNDER THE UNIVERSITYS CONFLICT OF INTEREST POLICY, OFFICER S, DIRECTORS, AND OTHER KEY EMPLOYEES AND FACULTY MEMBERS MUST FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT. ANY CONFLICT IDENTIFIED IS REPORTED TO THE APPROPRIATE OFFICE RESPONSI BLE FOR MANAGING THE CONFLICT, SUCH AS THE REAL ESTATE OFFICE FOR REAL ESTATE MATTERS. THI S PROCEDURE IS DESIGNED TO HELP ENSURE THAT SUCH TRANSACTIONS ARE SUBJECT TO ADDITIONAL RE VIEW AND AUTHORIZATION. ANY MEMBER OF THE BOARD OF TRUSTEES, BOARD OF OVERSEERS, AN OFFICE R 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 AN D SECRETARY OF THE CORPORATION, THE UNIVERSITY COUNSEL AND SECRETARY OF THE CORPORATION, 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 INDIVIDUALS INDEPENDENCE AND OBJECTIVITY IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE UNIVERSITY; OR (2) MAY RECEIVE A FINANCIAL OR OTHER MATERIAL BENEFIT FROM INFORMATION CONFIDENTIAL TO THE UNIVERSITY. TYPICALLY, A CONFLICT OF INTEREST MAY ARISE WHEN AN INDIVIDUAL HAS THE OPPORTUNITY TO INFLUENCE THE UNIVERSITYS 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 AP

Return Reference	Explanation
FORM 990, PART VI, LINES 12-14	CORNELL UNIVERSITY HAS ADOPTED POLICIES COVERING THE SUBJECTS OF CONFLICTS OF INTEREST, WH ISTLEBLOWERS, AND DOCUMENT RETENTION AND DESTRUCTION, AS WELL AS OTHER SIGNIFICANT POLICIE S, EACH OF WHICH IS POSTED ON ITS WEBSITE AT POLICY.CORNELL.EDU. THE CORNELL UNIVERSITY POLICY PROMULGATION PROCESS WAS ESTABLISHED IN 1991. THE CURRENT POLICY PROMULGATION PROCESS DOES NOT REQUIRE THAT EACH SPECIFIC POLICY BE APPROVED BY THE BOARD OF TRUSTEES OR THAT THE LITERAL AUTHORITY TO PROMULGATE POLICY WAS DELEGATED; HOWEVER, CORNELL TAKES A SUBSTANT IATED POSITION THAT THE AUTHORITY TO PROMULGATE POLICIES WAS DELEGATED TO EACH EXECUTIVE BY THE AUDIT COMMITTEE IN 1991.

Return Reference	Explanation
FORM 990, PART VI, LINE 15	PROCESS FOR DETERMINING COMPENSATION: THE UNIVERSITY HAS FORMAL PROCEDURE TO AUTHORIZE AND MANAGE COMPENSATION ISSUES. THE PROCEDURES IDENTIFIED BELOW APPLY TO ALL OFFICERS; ALL FO RMER OFFICERS WHO CONTINUE TO PROVIDE SERVICES TO THE INSTITUTION AS A WHOLE; AND ALL EMPL OYEES 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 OBTAI NS COMPARATIVE DATA FROM EXTERNAL, INDEPENDENT CONSULTING FIRMS. THE VP AND HER INTERNAL S TAFF 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 AND APPROVAL IN PRIVATE SESSION OF THE APPROPRIATE COMMITTEE. IF THERE IS DISCRETIONARY COMPONENT OF COMPENSATION, IT IS LIMITED BY AMOUNT, PERCENTAGE, OR OTHER CLEARLY SPECIFIED CRITERIA.

Return Explanation Reference

PROCEDURES FOR PARTICIPATION IN JOINT VENTURES THE UNIVERSITY HAS NUMEROUS CONTROLS IN PLA CE TO ENSURE THAT ANY INVESTMENT IN, CONTRIBUTION OF ASSETS TO, OR PARTICIPATION IN A JOIN T VENTURE OR SIMILAR ARRANGEMENT WITH A TAXABLE OR NON-TAXABLE ENTITY ARE IN FULL COMPLIAN CE WITH UNIVERSITY POLICIES, INCLUDING, COMPLIANION TO THE POLICIES OF THE PROPERTY OF THE PR
ORITY AND UNRELATED BUSINESS INCOME. COMPLIANCE WITH THE UNIVERSITY'S POLICIES SERVES TO P ROTECT THE ORGANIZATIONS EXEMPT STATUS.

Return Explanation

Reference	
	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

LINE 19 VIA THE UNIVERSITY'S WEBSITE.

Return Reference	Explanation
PART IX	CURRENT YEAR REVENUE AND EXPENSE PRESENTS DATA OF CORNELL UNIVERSITY DECONSOLIDATED ON EAC H LINE FROM ITS RELATED ORGANIZATIONS THAT ARE INCLUDED IN CORNELLS CONSOLIDATED FINANCIAL STATEMENTS. BOTH THE BEGINNING OF YEAR AND END OF YEAR BALANCE SHEETS FOR CORNELL UNIVERS ITY HAVE BEEN PRESENTED DECONSOLIDATED FROM THE RELATED ORGANIZATIONS INCLUDED IN CORNELLS CONSOLIDATED FINANCIAL STATEMENTS.

Return Explanation
Reference

FORM 990,
PART VIII,
LINE 1H

ALUMNI AND FRIENDS WHO WISH TO MAKE CHARITABLE GIFTS THROUGH THE STRUCTURE OF A DONOR-ADVI
SED FUND. AMOUNTS GRANTED FROM THIS FOUNDATION TO CORNELL UNIVERSITY HAVE BEEN INCLUDED IN
THE CONTRIBUTION TOTAL FOR CORNELL UNIVERSITY BEGINNING WITH THE 2014 FORM 990

Return Explanation

(195,682,728)

LINE 9

Reference	
FORM 990,	OTHER CHANGES TO NET ASSETS: Pension and post retirement changes (88,845,981) Loss on swap
PART XI,	termination (99,928,251) Changes in FMV of split interest (6,908,496) TOTAL

Return Reference	Explanation
FASB STANDARD IMPLEMENTED	FINANCIAL INFORMATION ON THE FORM 990 IS BASED ON THE UNIVERSITY'S AUDITED FINANCIAL STATE MENTS. AN ACCOUNTING PROVISION WAS IMPLEMENTED IN THE AUDITED FINANCIAL STATEMENTS FOR FIS CAL YEAR ENDED JUNE 30, 2020. THIS CHANGE BECOME AN INTEGRAL PART OF THE FORM 990 FINANCIA L INFORMATION ON THIS RETURN. AS A RESULT, COMPARISON OF YEAR OVER YEAR NUMBERS FOR PARTIC ULAR LINE ITEMS REFLECT, IN PART, THE REQUIRED CHANGE IN ACCOUNTING, RATHER THAN A CHANGE IN THE UNIDERLYING OPERATIONS OF THE UNIVERSITY. DURING THE FISCAL YEAR, THE UNIVERSITY IMP LEMENTED ONE FINANCIAL ACCOUNTING STANDARD BOARD (FASB) STANDARDS. Form 990, Part X, Lines 15 and 25 ASU 2016-02 - Leases (Topic 842) In February 2016, the Financial Accounting Standards Board (FASB) issued the standard ASU 2016-02-Leases (Topic 842), which provides accounting guidance for leases from the lessor's and lessee's perspective. The main difference between previous Generally Accepted Accounting Principles (GAAP) and Topic 842 is the recognition of lease assets and lease liabilities by lessees for leases classified as operating leases. This standard is effective for the fiscal year ending June 30, 2020. Topic 842 has been applied using a modified retrospective transition as of the effective date, July 1, 2019. The impact was an increase in the operating right-of-use assets of \$465.1 million and the operating lease liabilities of \$468.0 million. The new leasing standard and its impact are disclosed more fully in Note 10 of the consolidated financial statements.

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(Form 990)

Cornell University

Part I

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

2019

DLN: 93493126025071

Open to Public Inspection

Employer identification number

15-0532082

Department of the Treasury
Internal Revenue Service

Name of the organization

(e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) CORNELL UNIVERSITY FOUNDATION UK LTD **UK DONATIONS** 150,878 CORNELL UNIV UK 46,062 19 NORCOTT ROAD LONDON N16 78J (2) LENROC GLOBAL LLC 784,009 CORNELL UNIV SUPPORTING NY 180,761 300 CCC BLDG235 GARDEN AV ITHACA, NY 14853 47-5629659 (3) Weill Cornell International LLC SUPPORT ORG NY 0 Cornell Univ 445 E69th Street New York, NY 10021 84-1768308 (4) Cornell Graduate Hotel Mezz Lender LLC SUPPORT ORG DE 1,346,425 16,463,594 | Cornell Univ 341 Pine Tree Rd Ithaca, NY 14850 83-2647810 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. See Additional Data Table (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No Cat. No. 50135Y Schedule R (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019	Page :
Part III Identification of Related Organizations Taxable as a Partnership. Of one or more related organizations treated as a partnership during the tax	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(j	n l	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of total	Share of end-	Dispropr		Code V-UBI	Gener		Percentage
related organization	' '	domicile	controlling	income(related,	income	of-year	allocat	ions?	amount in	mana	aging	ownership
		(state	entity	unrelated,		assets			box 20 of	partr		
		or	,	excluded from					Schedule K-1			
		foreign		tax under					(Form 1065)			
		country)		sections 512-					(101111 1003)			
		[country)		514)								
				314)			Yes	No	1	Yes	No	
(1) ITHACA LP	INVESTMENTS	JE	CORNELL UNIV	RELATED	-684,773	2,686,319		No	0		No	98.110 %
35 THORNWOOD			CIVITY								i I	
											i I	
ITHACA, NY 14850											i I	
98-1180963											igspace	
(2) Hudson Cornell Residential JV	Real Estate	NY	Cornell Univ	RELATED	-2,008,536	26,090,723		No	0		No	89.246 %
826 Broadway											1 1	
NY, NY 10003											1 [
141, 141 10003											1	
(3) Cayuga 1993 LP	Investments	WI	Cornell Univ	RELATED	1,075,515	13,137,881		No	0		No	62.960 %
EEE M :- Ch											1 1	
555 Main St											1	
Racine, WI 53403											1 [
39-1759702											ш	
											1	
											1 1	
											1 1	
		-		-							\vdash	
											1 1	
		1										
											1 1	
Part IV Identification of Related Organizations Taxab	ole as a Corporat	ion or	Trust. Com	plete if the or	roanization a	nswered "Ye	es" on F	Form '	990. Part IV	V. lin	e 34	,
because it had one or more related organizations									, . a. c 1	.,		
	created as a corpo	racion o	- trust durii	ig the tax yet	ار ا							
(a)		(c)		(d)	(6)	(f)		(a)	T 7	'h\		(i)

1									
(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 (b)(1 control entity Yes	512 3) lled
(1)TOWER INNOVATIVE LEARNING SOLUTIONS INC	DIST LEARNING	NY	CORNELL UNIV	C Corp	20,259,113	0	0 %	Yes	
950 DANBY ROAD ITHACA, NY 14850 16-1593492									
(2)Lenroc Real Estate Brokerage Inc	REAL ESTATE	NY	CORNELL UNIV	C Corp	29,865	60,826	100.000 %	Yes	
15 THORNWOOD DR ITHACA, NY 14850 16-1450466									
(3)UNIVERSITY VETERINARY SPECIALISTS INC	VET SERVICES	СТ	CORNELL UNIV	C Corp	14,077,951	10,503,256	100.000 %	Yes	
800 CANAL ST STAMFORD, CT 06902 27-2461725									
(4)CHARITABLE REMAINDER TRUSTS (46)	INVESTMENT	NY	CORNELL UNIV		0	0		Yes	
(5)CHARITABLE LEAD TRUST (6)	INVESTMENT	NY	CORNELL UNIV		0	0		Yes	
						Sch	adula D (Form	990) 201	0

Part V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ted organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	Yes	
d Loans or loan guarantees to or for related organization(s)				1 d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f	Yes	
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1 s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete thi See Additional Data Table	s line, including covered re	elationships and tra	nsaction thresholds.			_
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount ir	nvolved	

Schedule R (Form 990) 2019

Page **3**

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)	section		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
	1		1							Schedul	e R (Forn	1990	0) 2019		

Schedule R (Fo	rm 990) 2019		Page 5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	

16-1457001

Software ID: Software Version:

EIN: 15-0532082

Name: Cornell University

(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	Sectio (b)(contr ent	13) olled
	SOCIAL CLUB MEDICAL SERV PROPERTY SERV HOLDS IP PROP SUPPORT ORG MEDICAL SERV SUPPORT ORG SUPPORT ORG					Yes	No
	SOCIAL CLUB	NY	501(c)(7)		CORNELL UNIV	Yes	
6 EAST 44TH ST NEW YORK, NY 10017 16-1301416							
	MEDICAL SERV	NY	501(c)(3)	12B TYPE II	CORNELL UNIV	Yes	
575 LEXINGTON AVE NEW YORK, NY 10022 13-3366821							
	PROPERTY SERV	NY	501(c)(3)	12D TYPEIII	CORNELL UNIV	Yes	
15 THORNWOOD DR ITHACA, NY 14850 16-1450535							
	HOLDS IP PROP	NY	501(c)(2)		CORNELL UNIV	Yes	
CORNELL UNIV DAY HALL ITHACA, NY 14850 16-6050703							
	SUPPORT ORG	NY	501(c)(3)	12A TYPE I	CORNELL UNIV	Yes	
130 SENECA PLACE ITHACA, NY 14850 22-2572815							
	SUPPORT ORG	NY	501(c)(3)	12A TYPE I	CORNELL UNIV	Yes	
130 SENECA PLACE ITHACA, NY 14850 22-2848738							
	MEDICAL SERV	NY	501(c)(3)	10	CORNELL UNIV	Yes	
575 LEXINGTON AVE NEW YORK, NY 10022 13-3366820							
	SUPPORT ORG	DE	501(c)(3)	12A TYPE I	NA		No
1209 ORANGE ST WILMINGTON, DE 19801 46-1979945							
	SUPPORT ORG	NY	501(C)(3)	12A TYPE I	CORNELL UNIV	Yes	
575 LEXINGTON AVENUE SUITE 9TH FL NEW YORK, NY 10022 13-6094042							
	SUPPORT ORG	IL	501(c)(3)	12A TYPE I	CORNELL UNIV	Yes	
10 S DEARBORN IL1-0117 CHICAGO, IL 60603							

(b) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) Cornell University Foundation FMV С 17,548,335 SAMUEL CURTIS JOHNSON FOUNDATION C 2,823,655 FMV HUDSON CORNELL RESIDENTIAL JV LLC S 1,617,303 FMV FMV FRIENDS OF THE LAB OF ORNITHOLOGY С 1,600,000 FMV UNIVERSITY VETERINARY SPECIALISTS INC F 1,550,000 FMV HUDSON CORNELL RESIDENTIAL JV LLC R 1,490,869 CORNELL RESEARCH FOUNDATION S 419,099 FMV FMV CORNELL CENTER OF NEW YORK D 250,000 FMV CORNELL UNIVERSITY FOUNDATION UK LTD С 234.049

R

65,225

50,000

FMV

FMV

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

HUDSON CORNELL RESIDENTIAL JV LLC

CORNELL REAL PROPERTY SERVICES INC