IRS e-file Signature Authorization for an Exempt Organization For calendar year 2015, or fiscal year beginning JUL 1 , 2015, and ending JUN 30

OMB No. 1545-1878

Do not send to the IRS. Keep for your records.

Internal Revenue Service	Information about F	Form 8879-EO and	d its instru	ctions is at www.irs.gov/form8	879eo.	
Name of exempt organization					Employer	identification number
CARY INSTITUTE	OF ECOSYSTEM	M STUDIES,	, INC		22-3	232968
Name and title of officer						
DR. JOSHUA R. (GINSBERG					
PRESIDENT	J					
	eturn and Return Ir	nformation (Wh	nole Dollars	Only)		
Check the box for the return	for which you are using	this Form 8879-EO	and enter t	the applicable amount, if any, fr	om the reti	urn. If you check the box
on line 1a, 2a, 3a, 4a, or 5a, l	below, and the amount of	on that line for the r	return being	filed with this form was blank,	then leave	line 1b, 2b, 3b, 4b, or 5b,
whichever is applicable, blan	k (do not enter -0-). But,	if you entered -0- o	n the return	n, then enter -0- on the applicab	le line belo	w. Do not complete more
than 1 line in Part I.						
1a Form 990 check here	▶ X b Total revo	enue, if any (Form !	990, Part V	II, column (A), line 12)	1b	13,368,863.
2a Form 990-EZ check here	▶ b Total	revenue, if any (Fo	orm 990-EZ,	line 9)	2b	
3a Form 1120-POL check he	ere b D b Te	otal tax (Form 112	0-POL, line	22)	3b	
4a Form 990-PF check here				(Form 990-PF, Part VI, line 5)		
5a Form 8868 check here				or Part II, line 8c)		
Part II Declaratio	n and Signature A	uthorization of	f Officer			
electronic return and accomp further declare that the amountermediate service provider (a) an acknowledgement of ruthe date of any refund. If app debit) entry to the financial in return, and the financial institutes. 353-4537 no later than processing of the electronic processing processin	panying schedules and sunt in Part I above is the r, transmitter, or electron eceipt or reason for rejectionable, I authorize the Unstitution account indicat tution to debit the entry to 2 business days prior to payment of taxes to receiversonal identification nuretronic funds withdrawa	statements and to a amount shown on the return originator ction of the transmi J.S. Treasury and it ted in the tax preparato to this account. To to the payment (sett eive confidential infi mber (PIN) as my s	the best of a the copy of (ERO) to se ission, (b) the se designate a ration softwarevoke a patternent) date formation ne	and that I have examined a copy my knowledge and belief, they at the organization's electronic retend the organization's return to the reason for any delay in proceed Financial Agent to initiate an ware for payment of the organizaryment, I must contact the U.S. i.e. I also authorize the financial accessary to answer inquiries and the organization's electronic retends.	are true, conturn. I conturn. I conturn. I conturn. I conturn the IRS and essing the relectronic extion's fed. Treasury institutions diresolve is	orrect, and complete. I sent to allow my id to receive from the IRS return or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at is involved in the essues related to the
X Lauthoriza BLIII	M SHAPTRO &	COMPANY.	P.C.	CPA'S	to enter m	ny PIN 32968
i autilolize	., J 110 d	ERO firm na			to enter in	Enter five numbers, b
		LITO III II II				do not enter all zeros
is being filed with a		ating charities as pa		turn. If I have indicated within t S Fed/State program, I also au		
indicated within thi		he return is being fi	iled with a s	ne organization's tax year 2015 tate agency(ies) regulating char 		rt of the IRS Fed/State

Certification and Authentication Part III

Officer's signature

ERO's signature

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

06037946310 do not enter all zeros

Date \triangleright 04/25/17

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form **8879-EO** (2015)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2015
<u> </u>
Open to Public
Inspection

<u>A</u> I	For th	e 2015 calendar year, or tax year beginning JUL 1, 2015 and e	ending ਹਾ	JN 30, 2016	
В	Check if applicab	C Name of organization		D Employer identif	ication number
	Addre				
	Name chang	Doing business as		22-32	32968
	Initial return	·	Room/suite	E Telephone numb	er
	Final	BOX AB		(845)	677-5343
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	22,708,158.
Ļ	Amen	MILLEROOK, NI 12345		H(a) Is this a group	
	Application pendi	F Name and address of principal officer: Dr. 100 flor R. GINSBERG		for subordinate	
		SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	r 527	If "No," attach	a list. (see instructions)
		te: WWW.CARYINSTITUTE.ORG		H(c) Group exempti	·
		f organization: X Corporation Trust Association Other	L Year	of formation: 1993	M State of legal domicile: NY
P	_	Summary			
e S	1	Briefly describe the organization's mission or most significant activities: ECOLOGI	CAL RESE	ARCH & EDUCATION	
Governance		2			
/eri	2	Check this box if the organization discontinued its operations or dispos		ı	I
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			21
	4	Number of independent voting members of the governing body (Part VI, line 1b)			130
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			34
ξ	6	Total number of volunteers (estimate if necessary)			
¥	1	Net unrelated business taxable income from Form 990-T, line 34			1
	"	The difference business taxable income from 1 offi 990-1, life 34		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		5,104,968	
Jue	9	Program service revenue (Part VIII, line 2g)		139,954	+
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,128,965	<u> </u>
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217,597	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,591,484	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		115,959	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	<u> </u>
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,083,622	7,049,089.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
be.	b	Total fundraising expenses (Part IX, column (D), line 25)			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,846,440	3,901,738.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,046,021	. 11,050,076.
	19	Revenue less expenses. Subtract line 18 from line 12		4,545,463	2,318,787.
Net Assets or Fund Balances			Be	ginning of Current Year	
sets	20	Total assets (Part X, line 16)		124,544,236	. 123,590,165.
t As	21	Total liabilities (Part X, line 26)		1,474,397	1,487,276.
<u>S</u>	22	Net assets or fund balances. Subtract line 21 from line 20		123,069,839	. 122,102,889.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Circulum of afficer		Data	
Sig	n	Signature of officer		Date	
Hei	re	DR. JOSHUA R. GINSBERG, PRESIDENT			
		Type or print name and title	1.5)oto	I DTIN
		Print/Type preparer's name Preparer's signature		Oate Check	PTIN
Pai		MARY KAY CURTISS MARY KAY CURTISS	0 4	1/25/17 self-emplo	
	parer	Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S		Firm's EIN	06-1009205
USE	Only	Firm's address 29 S. MAIN STREET, P.O. BOX 272000		D: 5.5	0 561 4000
_		WEST HARTFORD, CT 06127-2000		Phone no.86	0 561-4000
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission:	
	ECOLOGICAL RESEARCH & EDUCATION	
2	Did the organization undertake any significant program services during the year which were not listed on	_,,
	the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	, , , , ,	Yes LANo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	vnoncoo
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	zerises, ariu
)
·u	RESEARCH - ENVIRONMENTAL RESEARCH, TO ADVANCE UNDERSTANDING OF	
	ECOLOGICAL SYSTEMS AND PROVIDE SOLUTIONS TO ENVIRONMENTAL PROBLEMS.	
4b	(Code:) (Expenses \$ 615,412. including grants of \$) (Revenue \$	42,399.)
	EDUCATION - TO ADVANCE ECOLOGICAL UNDERSTANDING IN K-12 STUDENTS AND	
	EDUCATORS, THROUGH SCHOOL PROGRAMS, WORKSHOPS, AND CURRICULUM.	
4c	(Code:) (Expenses \$)
	OUTREACH - TO ADVANCE THE PUBLIC'S UNDERSTANDING OF ENVIRONMENTAL	
	ISSUES THROUGH LECTURES, FORUMS, ONLINE CONTENT, AND MEDIA	
	COLLABORATIONS.	
	Other program consisce (Deceribe in Schedule O.)	
4d	, , , , , , , , , , , , , , , , , , , ,	١
40	(Expenses \$ 939,437. including grants of \$) (Revenue \$ 102,579. Total program service expenses ▶ 8,127,945.	1

532002 12-16-15

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
ı∠a	Cabadiula D. Darta VI and VII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
13	complete Schedule G, Part III	19		x

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Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OE h		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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		Х
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		Х
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	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	80						
	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 re	porta	ble gaming						
	(gambling) winnings to prize winners?			1c	х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х			
b	If "Yes," enter the name of the foreign country:		,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a	х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
-	were not tax deductible?		-	6b	х				
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 ser	vices p	rovided to the payor?	7a	х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э						
	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	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b					
				Form	990	(2015			

532005 12-16-15

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 21			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	150	Х	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
···u		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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:			
	HOLLY TALBOT - 845-677-7600			
	BOX AB, MILLBROOK, NY 12545			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average		not c		ition more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offic				is bot or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) IRENE W. BANNING	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) DR. JERRY M. MELILLO	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) EDWARD A. AMES	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) SARAH A. GILLMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) STEVEN M. BENARDETE	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(6) TIMOTHY BONTECOU	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(7) SIR PETER CRANE	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(8) J. BARCLAY COLLINS	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(9) DANIEL GABEL	1.00	-						_	_	_
BOARD OF TRUSTEES		Х						0.	0.	0.
(10) ELIZABETH R. HILPMAN	1.00	-						_	_	_
BOARD OF TRUSTEES		Х						0.	0.	0.
(11) DR. THOMAS E. LOVEJOY	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(12) RALPH SCHMIDT	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(13) MARTIN L. SENZEL	1.00	-								
BOARD OF TRUSTEES		Х						0.	0.	0.
(14) ALLAN SHOPE	1.00	1								
BOARD OF TRUSTEES		Х						0.	0.	0.
(15) SERENA H. WHITRIDGE	1.00	1_								
BOARD OF TRUSTEES		Х						0.	0.	0.
(16) BRUCE W. LING	1.00	1_								
BOARD OF TRUSTEES		Х						0.	0.	0.
(17) SIMON C. ROOSEVELT	1.00	1_								
BOARD OF TRUSTEES		Х						0.	0.	0. Earm 990 (2015)

532007 12-16-15 Form **990** (2015)

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Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, an	d H	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more erson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) SCOTT ULM	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(19) SOOHYUNG KIM	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(20) HUGO CASSIRER	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(21) EVERETT R. COOK	1.00									
BOARD OF TRUSTEES		Х						0.	0.	0.
(22) JOSHUA GINSBERG	35.00									
PRESIDENT				Х				303,457.	0.	29,491.
(23) HOLLY A TALBOT	35.00									
DIRECTOR OF ADMIN./COMPTROLLER				Х				149,219.	0.	39,217.
(24) DR. STEWARD T.A. PICKETT	35.00									
DISTINGUISHED SENIOR SCIEN						Х		168,163.	0.	27,318.
(25) DR. RICHARD S. OSTFELD	35.00									
SENIOR SCIENTIST						Х		146,693.	0.	37,765.
(26) DR. GARY M. LOVETT	35.00									
SENIOR SCIENTIST						Х		132,831.	0.	35,807.
1b Sub-total								900,363.	0.	169,598.
c Total from continuation sheets to Par								274,877.	0.	60,529.
d Total (add lines 1b and 1c)	·····	<u></u>	<u></u>	<u></u>	<u></u> .	<u>.</u>	<u> </u>	1,175,240.	0.	230,127.
2 Total number of individuals (including b	ut not limited to th	1000	liete	ad a	hov	ابير (م	no re	eceived more than \$100	000 of reportable	

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

Yes No

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

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

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
HALL CAPITAL		
ONE MARITIME PLAZA, SAN FRANCISCO, CA 94111	INVESTMENT CONSULTING	291,173.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization

1

Form **990** (2015)

8

Form 990 CARY INSTITUT	E OF ECOSY					_			22-323296	
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(c	heck	(C Posi	ition		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	from from related	from related organizations	other compensation from the organization and related organization	
27) DR. PETER M. GROFFMAN	35.00					ļ ,,		120 247	0	21 4
ENIOR SCIENTIST	35.00					Х		138,347.	0.	31,4
28) KATHLEEN C. WEATHERS ENIOR SCIENTIST	35.00					x		136,530.	0.	29,0
								200,000.		
		<u> </u>								

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·	j	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					- 1 - 1 - 1 - 1
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		403,577.				
Ymc Amc		Fundraising events		17,400.				
ar /		d Related organizations	·····	,				
s, G		Government grants (contribut		4,524,173.				
ö		All other contributions, gifts, gran	· / —					
per l		similar amounts not included above		6,086,059.				
ĘĠ.	c	Noncash contributions included in lines		, ,				
a Co	_	Total. Add lines 1a-1f			11,031,209.			
				Business Code				
e,	2 a	HOUSING - RESEARCH & E		900099	102,579.	102,579.		
ه کِز	b	TUITION - EDUCATION		611600	42,399.	42,399.		
Program Service Revenue	c	· — — —						
am eve	c	d						
90 B	e	•						
<u>-</u>	f	All other program service reve	enue					
	ç	Total. Add lines 2a-2f			144,978.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	40,552.		-57,359.	97,911.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	c	d Net rental income or (loss)		>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	11,420,344	•				
	b	Less: cost or other basis						
		and sales expenses	9,314,675					
		Gain or (loss)						
		d Net gain or (loss)		. <u></u>	2,105,669.		11,757.	2,093,912.
ne	8 a	Gross income from fundraising	•					
		including \$17						
Other Rever		contributions reported on line	•					
ĕ		Part IV, line 18						
₹		Less: direct expenses			10.000			10.000
		Net income or (loss) from fund		>	18,980.			18,980.
	9 a	Gross income from gaming ac]				
		Part IV, line 19						
		Less: direct expenses Net income or (loss) from game						
		Gross sales of inventory, less	-	P				
	IU a	•						
		and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 ^	MISCELLANEOUS INCOME		900099	27,475.			27,475.
	ii a				27,173.			2.,1,5,
			_					
	,	d All other revenue						
	6	e Total. Add lines 11a-11d			27,475.			
	12	Total revenue. See instructions.		i	13,368,863.	144,978.	-45,602.	2,238,278.

532009 12-16-15

22-3232968

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	99,249.	99,249.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	592,886.		592,886.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	4,928,785.	4,059,353.	643,240.	226,192.
7 8	Other salaries and wages Pension plan accruals and contributions (include	4,320,703.	4,000,000.	043,240.	220,132,
0	section 401(k) and 403(b) employer contributions)	551,895.	445,726.	81,801.	24,368.
9	Other employee benefits	590,374.	476,802.	87,505.	26,067.
10	Payroll taxes	385,149.	311,057.	57,086.	17,006.
11	Fees for services (non-employees):	, , , , , , , , , , , , , , , , , , , ,	, , , , ,		
а					
b		1,193.		1,193.	
С		69,969.		67,004.	2,965.
d		·		·	•
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	698,966.	19,475.	679,491.	
g	/// / / / / / / / / / / / / / / / /				
	column (A) amount, list line 11g expenses on Sch 0.)	413,901.	314,573.	87,680.	11,648.
12	Advertising and promotion				
13	Office expenses	311,312.	252,084.	55,769.	3,459.
14	Information technology				
15	Royalties				
16	Occupancy	130,353.	125,448.	4,382.	523,
17	Travel	284,883.	273,783.	7,265.	3,835.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F0 675	20 770	4 025	15 000
19	Conferences, conventions, and meetings	50,675. 419.	30,770. 419.	4,025.	15,880.
20	Interest	419.	419.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	404,598.	389,282.	13,646.	1,670.
23		139,932.	303,202.	139,932.	1,070.
23 24	Other expenses. Itemize expenses not covered	105,501.		203,302.	
-7	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUBCONTRACTS	1,085,649.	1,085,649.		
b	PRINTING	145,824.	138,533.	4,155.	3,136.
С	MISCELLANEOUS	114,996.	75,936.	32,209.	6,851.
d	TELEPHONE	35,486.	24,007.	11,457.	22.
е	All other expenses	13,582.	5,799.	4,703.	3,080.
25	Total functional expenses. Add lines 1 through 24e	11,050,076.	8,127,945.	2,575,429.	346,702.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Part X Balance Sheet

Part	,	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			877,801.	2	1,569,955.
	3	Pledges and grants receivable, net			1,066,865.	3	4,818,750
	4	Accounts receivable, net		29,545.	4	39,763	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa-	ted emp	loyees. Complete			
		Part II of Schedule L	41,286.	5			
	6	Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of secti					
2		employees' beneficiary organizations (see instr).		6			
2000	7	Notes and loans receivable, net		7	36,031		
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			222,479.	9	193,145
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	20,892,289.			
	b	Less: accumulated depreciation	10b	14,116,463.	6,619,352.	10c	6,775,826
•	11	Investments - publicly traded securities	28,509,429.	11	23,356,194		
•	12	Investments - other securities. See Part IV, line 1	1		87,177,479.	12	86,800,501
•	13	Investments - program-related. See Part IV, line 1	1			13	
•	14	Intangible assets		14			
•	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	124,544,236.	16	123,590,165		
-	17	Accounts payable and accrued expenses	51,205.	17	132,722		
•	18	Grants payable			18		
•	19	Deferred revenue			357,786.	19	276,710
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete P				21	
1 2	22	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employees	s, and di	isqualified persons.			
		Complete Part II of Schedule L				22	
۱ ۱	23	Secured mortgages and notes payable to unrelate				23	
2	24	Unsecured notes and loans payable to unrelated	third pa	arties	19,759.	24	30,265
2	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D			1,045,647.	25	1,047,579
	26	Total liabilities. Add lines 17 through 25			1,474,397.	26	1,487,276
		Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🗓 and			
Net Assets of Fulld Balances		complete lines 27 through 29, and lines 33 and					
2	27	Unrestricted net assets			25,039,701.	27	25,940,912
ğ 2	28	Temporarily restricted net assets			17,546,605.	28	15,678,016
2	29	Permanently restricted net assets			80,483,533.	29	80,483,961
2		Organizations that do not follow SFAS 117 (AS	SC 958),	check here ▶ ☐			
5		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
:	31	Paid-in or capital surplus, or land, building, or equ	uipment	fund		31	
; :	32	Retained earnings, endowment, accumulated inc				32	
· :	33	Total net assets or fund balances		L	123,069,839.	33	122,102,889
;	34	Total liabilities and net assets/fund balances			124,544,236.	34	123,590,165.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13	,368,	863.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	,050,	076.	
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123	,069	839.	
5	Net unrealized gains (losses) on investments	5		- 3	,285,	737.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		122	,102	889.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	D.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?		L	За	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

CARY INSTITUTE OF ECOSYSTEM STUDIES, INC 22-3232968 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 Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

22-3232968

Pai	rt III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Ot	her Sim	ilar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	a significan	t use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	c Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets r	ot include	d		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fe				bility?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	(III			
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e) Four y	ears back
1a	Beginning of year balance	113,331,191.	114,129,579.	102,201,565	. 95	414,199.	103,0	37,272.
b	Contributions	428.	376.	50,487		340.		10,455.
	Net investment earnings, gains, and losses	-1,208,318.	4,878,343.	17,289,536	. 12	,447,714.	-2,	502,290.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	5,633,917.	5,677,107.	5,412,009	. 5	,660,688.	5,3	131,238.
f	Administrative expenses							
g	End of year balance	106,489,384.	113,331,191.	114,129,579	. 102	,201,565.	95,4	114,199.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	14.45	%					
b	Permanent endowment > 75.58	%	_					
С	Temporarily restricted endowment ▶	9.97 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the orgar	nization		
	by:						\[\bar{\gamma}\]	es No
	(i) unrelated organizations						3a(i)	Х
							3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or or basis (investn		' '	Accumula depreciatio		(d) Book	value
	Land	- 		` '	acpi ecialic	711	2 4	501 260
	Land			,601,368.	11 25	171		501,368.
	Buildings		14	,817,967.	11,259	7,1/1.	٥,:	558,796.
	Leasehold improvements			472 954	2 0 5	7 202		S15 660
	Equipment			,472,954.	4,05	7,292.		515,662.
	Other (Column (a) man (a)		V ==1::::== (D) (') = 3	(0-)			6 1	775 026
rota	I. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, column (B), line 1	UC.)		Cabaalula		775,826.

Schedule D (Form 990) 2015 CARY INSTITUTE OF	ECOSYSTEM STUDIES,	INC	22-	3232968	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) CASH AND CASH EQUIVALENTS	5,811,508.	END-OF-YEAR	MARKET VALUE		
(B) ALTERNATIVE INVESTMENTS	80,988,993.	END-OF-YEAR	MARKET VALUE		
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	86,800,501.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soo Form 000	Part V line 15		
	Description	riu. See roini 990,	rait A, iiile 13.	(b) Book v	/alue
				(B) Book (- uiuc
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)				
Part X Other Liabilities.					
Complete if the organization answered "Yes" of			n 990, Part X, line 25		
1. (a) Description of liability	(b) Book value			
(1) Federal income taxes					
(2) ACCRUED VACATION		552,018.			
(3) POSTRETIREMENT BENEFITS		495,561.			
(4)					
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,047,579.

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

Pa	Reconciliation of Revenue per Audited Financial State		Revenue per H	teturn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	9,518,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	3,310,303
	Net unrealized gains (losses) on investments	2a	-3,285,737.		
	Donated services and use of facilities		-,,	-	
c				-	
d			134,349.	-	
	Add lines 2a through 2d	·	· · · · · · · · · · · · · · · · · · ·	2e	-3,151,388
3	Subtract line 2e from line 1			3	12,669,897
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
а		4a	698,966.		
	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	698,966
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,368,863
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	10,485,459
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
С	Other losses				
	Other (Describe in Part XIII.)		134,349.		
е	Add lines 2a through 2d			2e	134,349
3	Subtract line 2e from line 1			3	10,351,110
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	698,966.		
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	698,966
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	11,050,076
Pa	rt XIII Supplemental Information.				
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an F V, LINE 4:			4, Fait A,	illiez, Falt Al,
THE	INCOME FROM THE ENDOWMENT FUNDS HAS A VARIETY OF PURPOSES	TO HELP			
DEFI	RAY THE COSTS OF SCIENTIFIC EDUCATION AND RESEARCH PROGRAMS	, INCLUDING			
CON	SERVATION, MAINTENANCE, AND PRESERVATION OF THE GROUNDS.				
PAR	F XI, LINE 2D - OTHER ADJUSTMENTS:				
	DRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME	24 620			
		24,620.			
INT	ERNAL ENDOWMENT TRANSFER	109,729.			
TOT	AL TO SCHEDULE D, PART XI, LINE 2D	134,349.			
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
וואוזים	DDAIGING FYDFNGFG NETTED AGAINGT FUNDDAIGING INCOME	24 620			

532054 09-21-15

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** CARY INSTITUTE OF ECOSYSTEM STUDIES, INC 22-3232968 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, 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures (by type) (e.g., fundraising, program is a program service, offices for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, ARUBA, BAHAMAS 0 INVESTMENTS 35,511,587. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM 0 INVESTMENTS 11,024,340. 3 a Sub-total 0 0 46,535,927. **b** Total from continuation sheets to Part I 0 0. c Totals (add lines 3a

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

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Schedule F (Form 990) 2015

46,535,927.

and 3b)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

CARY INSTITUTE OF ECOSYSTEM STUDIES, INC Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Schedule F (Form 990) 2015 CPart 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)	X 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; do not file with Form 990)	Yes	X 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)	X 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	X 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)	X 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; do not file with Form 990)	Yes	X No

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

SCHEDULE G

(Form 990 or 990-EZ)

(FOIIII 990 OF 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CARY INSTITUTE CARY	TUTE OF ECOSYSTEM STUDIES,	TNC				nployer ide -3232968	ntification number
	Complete if the organization answ		es" o	n Form 990, Part IV,			Z filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	eed funds through any of the follow e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (includ profess	non-g gover lising ding o	overnment grants rnment grants events officers, directors, tru fundraising services	stees or ?	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustodv	(iv) Gross receipts from activity	to (or re	ount paid etained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			ution	s or has been notifie	d it is exe	empt from re	egistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form	990 or	990-	F7. 9	Schedule	e G (Form ^Q	90 or 990-EZ) 2015

532081 09-14-15

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through SPRING LUNCH FALL LUNCH col. (c)) (event type) (total number) (event type) Revenue 28,900 32,100 61,000. 1 Gross receipts 2 Less: Contributions 8,700 8,700 17,400. Gross income (line 1 minus line 2) 20,200 23,400 43,600. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 13,844. 10,776. 24,620. 9 Other direct expenses 24,620. 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,980. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes _____ b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2015

Sch	nedule G (Form 990 or 990-EZ) 2015 CARY INSTITUTE OF ECOSYSTEM STUDIES, INC 22-32	32968		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es [No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		es [No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
				——————————————————————————————————————
	o An outside facility	130		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es [□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\sim \frac{1}{2} = \frac			
(of "Yes," enter name and address of the third party:			
	The root frame and address of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es [□ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
•	organization's own exempt activities during the tax year > \$			
Da	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines O. O	h 10h	15h
ГС	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	iiries 9, 9	b, 10b,	, 150,
_				

Schedule G	G (Form 990 or 990-EZ)	CARY INSTITUTE OF	ECOSYSTEM	STUDIES,	INC	22-3232968	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)					
-							
-							
-							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number		
			STUDIES, INC					22-3232968		
Part I	General Information on Grants a	nd Assistance								
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
С	riteria used to award the grants or assi	stance?						X Yes No		
2 D	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part I	Part II 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		be duplicated if addi	tional space is nee		(6) Mathandas	i	1		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
2 F	nter total number of section 501(c)(3) a	ınd gövernment o	urganizations listed in tl	he line 1 table	I		I	•		
	nter total number of other organization									

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS FOR RESEARCH	95	99,249.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
STIPENDS ARE MONITORED MONTHLY TO ENSURE THEY ARE W	ITHIN BUDGET	. IF THEY			
ARE OVERSPENT THERE WILL BE A PRIOR APPROVAL. THER	RE ARE TWO GR	OUPS			
RECEIVING STIPENDS, STUDENTS AND TEACHERS/FELLOWS.	STUDENTS RE	CEIVE A			
LETTER OF APPOINTMENT NOTIFYING THEM THEY ARE ELIGI	BLE FOR A ST	IPEND AND			
CHECK REQUISITIONS ARE SUBMITTED AND APPROVED FOR T	THE STIPENDS.				
TEACHERS/FELLOWS ARE ISSUED AN MOU OUTLINING THE SO	OPE OF THEIR	WORK,			
PERFORMANCE PERIOD, DELIVERABLES, AND AMOUNT OF STI		,			
RETURNED A COPY IS GIVEN TO THE PI AND THE GRANTS O					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CARY INSTITUTE OF ECOSYSTEM STUDIES, INC

22-3232968

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(15)(1)-(15)	reported as deferred on prior Form 990	
(1) JOSHUA GINSBERG	(i)	303,457.	0.	0.	10,392.	19,099.	332,948.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) HOLLY A TALBOT	(i)	149,219.	0.	0.	18,727.	20,490.	188,436.	0.	
DIRECTOR OF ADMIN./COMPTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DR. STEWARD T.A. PICKETT	(i)	168,163.	0.	0.	20,287.	7,031.	195,481.	0.	
DISTINGUISHED SENIOR SCIEN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DR. RICHARD S. OSTFELD	(i)	146,693.	0.	0.	18,115.	19,650.	184,458.	0.	
SENIOR SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DR. GARY M. LOVETT	(i)	132,831.	0.	0.	16,708.	19,099.	168,638.	0.	
SENIOR SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DR. PETER M. GROFFMAN	(i)	138,347.	0.	0.	17,026.	14,463.	169,836.	0.	
SENIOR SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) KATHLEEN C. WEATHERS	(i)	136,530.	0.	0.	15,974.	13,066.	165,570.	0.	
SENIOR SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open To Public Inspection

Name of the	organization
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CARY INSTITUTE OF ECOSYSTEM STUDIES, INC

Employer identification number 22-3232968

Pai	rt I Types of Property							
	•	(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		_	
		applicable		amounts reported on Form 990, Part VIII, line 1	noncash contrib	ution a	mount	S
1	Art - Works of art	Х	2		OPINION OF EXPER	т.		
2	Art - Historical treasures			,				
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not required to b	e used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contr	butions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	h			1
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2015)

Schedule M (Form 990) (2015)

532142 08-21-15 Schedule M (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CARY INSTITUTE OF ECOSYSTEM STUDIES, INC 22-3232968 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HORTICULTURAL, AUXILIARY AND LIBRARY - MAINTENANCE OF THE GROUNDS USED FOR RESEARCH, EDUCATION AND OUTREACH, HOUSING FOR VISITING SCIENTISTS AND STAFF AND A 10,000 VOLUME LIBRARY THAT INCLUDES WEB OF SCIENCE AND ECOLOGY REFERENCE SERVICES. EXPENSES \$ 939,437. INCLUDING GRANTS OF \$ 0. REVENUE \$ 102,579 FORM 990, PART VI, SECTION A, LINE 7A: THE NEW YORK BOTANICAL GARDEN HAS THE ABILITY TO APPOINT UP TO THREE TRUSTEES TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 WAS SUBMITTED TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO IT BEING FILED. AND WAS ALSO PROVIDED TO THE BOARD MEMBERS AND ACCEPTED BY A VOTE OF THE FULL BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 12C: FOR TRUSTEES AND OFFICERS, ALL DISCLOSURES ARE REVIEWED BY THE AUDIT COMMITTEE CHAIR AND IF THERE ARE ANY ACTUAL OR POTENTIAL CONFLICTS THEY ARE BROUGHT TO THE ATTENTION OF THE AUDIT COMMITTEE AND THE FULL BOARD FOR DISCUSSION AND, IF REQUIRED, APPROVAL OR REJECTION SO ALL CAN BE AWARE IF MATTERS ARISE THAT WOULD BE AFFECTED BY THE ACTUAL OR POTENTIAL CONFLICT. THE BASIS OF THE APPROVAL OR REJECTION SHALL BE DOCUMENTED IN THE RECORDS OF THE CORPORATIONS, INCLUDING THE MINUTES OF THE MEETING. FOR EMPLOYEES WITH BUDGETARY AUTHORITY, THE COMPLIANCE OFFICER REVIEWS AND IF THERE ARE POTENTIAL CONFLICTS THE COMPLIANCE OFFICER WORKS WITH THE

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

Schedule O (Form 990 or 990-EZ) (2015)