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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 A For the 2009 D Employer identification number B Check if applicable THE TRUSTEES OF COLUMBIA UNIVERSITY use IRS Address change IN THE CITY OF NEW YORK 13-5598093 label or Doing Business As E Telephone number print or Name change type. See Specific (212) 854-4684 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 7,780,707,045 615 WEST 131ST STREET MC 8741 Terminated tions. City or town, state or country, and ZIP + 4 NEW YORK, NY 100277922 Amended return Application pending Name and address of principal officer Is this a group return for Lee C Bollinger affiliates? 615 West 131st St MC 8741 New York, NY 100277922 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) Tax-exempt status Group exemption number 🕨 **Website: ►** www.columbia.edu M State of legal domicile NY L Year of formation 1754 Summary Briefly describe the organization's mission or most significant activities SEE STATEMENT 1 Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . 18 31,437 Total number of employees (Part V. line 2a) . . . Total number of volunteers (estimate if necessary) . 5,400 -8,251,678 Total gross unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 34  $\,$  . -14,337,081 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,229,545,343 1,233,756,486 Program service revenue (Part VIII, line 2g) . 1,819,946,788 1,918,020,315 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -152,784,487 341,794,161 152,309,297 11 191,516,475 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,088,224,119 3,645,880,259 406,542,219 468,203,483 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . 14 Benefits paid to or for members (Part IX, column (A), line 4)  $\cdot$  . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 1.941.080.835 2.004.970.889 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 397,479 784,949 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  77,403,370Ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 937,942,169 932,711,726 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,285,962,702 3,406,671,047 19 Revenue less expenses Subtract line 18 from line 12 . -197.738.583 239,209,212 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 10,348,518,213 11,018,079,749 Total liabilities (Part X, line 26) . . 2,704,906,628 2,602,978,857 22 7,643,611,585 Net assets or fund balances Subtract line 21 from line 20 8,415,100,892 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2011-05-12 Here Signature of officer CHERYL A ROSS CONTROLLER Type or print name and title Preparer's signature Date Check if Preparer's identifying number Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours PricewaterhouseCoopers LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 300 Madison Avenue Phone no 🕨 (646) 471-3000 New York, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions) .

Yes ┌ No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

OTHER SPONSORING ORGANIZATIONS

Total program service expenses▶\$

(Expenses \$

4d

4e

COLUMBIA UNIVERSITY IS ONE OF THE WORLD'S MOST IMPORTANT CENTERS OF RESEARCH AND AT THE SAME TIME A DISTINCTIVE AND DISTINGUISHED LEARNING ENVIRONMENT FOR UNDERGRADUATES AND GRADUATE STUDENTS IN MANY SCHOLARLY AND PROFESSIONAL FIELDS THE UNIVERSITY RECOGNIZES THE IMPORTANCE OF ITS LOCATION IN NEW YORK CITY AND SEEKS TO LINK ITS RESEARCH AND TEACHING TO THE VAST RESOURCES OF A GREAT METROPOLIS IT SEEKS TO ATTRACT A DIVERSE AND INTERNATIONAL FACULTY AND STUDENT BODY, TO SUPPORT RESEARCH AND TEACHING ON GLOBAL ISSUES, AND TO CREATE ACADEMIC RELATIONSHIPS WITH MANY COUNTRIES AND REGIONS IT EXPECTS ALL AREAS OF THE UNIVERSITY TO ADVANCE KNOWLEDGE AND LEARNING AT THE HIGHEST LEVEL AND TO CONVEY THE PRODUCTS OF ITS EFFORTS TO THE WORLD

2	the prior Form 990 o		cant program se	ervices during the ye	ar which were not listed on	Yes 🔽 No
	If "Yes," describe the	ese new services on S	Schedule O			
3	Did the organization services?	• .	make significar	nt changes in how it o	onducts, any program	Yes 🗸 No
	If "Yes," describe the	ese changes on Sche	dule O			
4		nd 501(c)(4) organiza	ations and secti	on 4947(a)(1) trusts	e largest program services by e are required to report the amou n service reported	
4a	(Code	) (Expenses \$	1,165,453,597	including grants of \$	331,899,345 ) (Revenue \$	930,617,000 )
	LOCATIONS IN NEW YOR AND PROFESSIONAL SCH APPLIED RESEARCH, PA	RK CITY BUT EXTEND ACR HOOLS IT OPERATES A VA TIENT CARE, AND PUBLIC	ROSS THE GLOBE T ARIETY OF RESEARC SERVICE ACTIVITIE	HE UNIVERSITY PROVIDES CH INSTITUTES AND A LIB ES THE UNIVERSITY ENRO	EDUCATION WHOSE ACTIVITIES ARE CO 5 INSTRUCTION THROUGH SIXTEEN UNI RARY SYSTEM TO SUPPORT ITS TEACHI OLLS APPROXIMATELY 26,400 FULL-TIMI ,396 FULL-TIME FACULTY MEMBERS	DERGRADUATE, GRADUATE, NG AND LEARNING, BASIC AND
4b	(Code	) (Expenses \$	677,594,563	ıncludıng grants of \$	5,063,515 ) (Revenue \$	762,483,633 )
-TU	THE UNIVERSITY, THRO OTHER CLINICAL AND EI THE CLINICAL FACULTY	UGH THE COLUMBIA UNIN DUCATIONAL SERVICES T HANDLED APPROXIMATEL	/ERSITY MEDICAL C O HOSPITALS AND C Y 1 7 MILLION OUT	ENTER AND ITS MEDICAL OTHER HEALTH CARE INST PATIENT AND EMERGENCY	FACULTY PRACTICE PLAN, PROVIDES DITUTIONS THROUGH CONTRACTUAL AGY ROOM VISITS AND PARTICIPATED IN I	IRECT PATIENT CARE AND GREEMENTS FOR SERVICES NSTRUCTION AND
	(Code	) (Expenses \$	483,870,000	ıncludıng grants of \$	121,404,107 ) (Revenue \$	105,496,427 )
	THE UNIVERSITY PERFO	RMS RESEARCH, TRAINI	NG, AND OTHER SE	RVICES UNDER GRANTS A	ND CONTRACTS WITH AGENCIES OF TH	IE FEDERAL GOVERNMENT AND

9,836,516 ) (Revenue \$

Other program services (Describe in Schedule O ) See also Additional Data for Description

2,944,625,568

617,707,408 including grants of \$

119,423,255)

Part IV	Checklist of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	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 11 and 19?	38	Yes	

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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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 this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d Did the organization sell, exc	Yes Yes Yes Yes Yes	N d
b Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable againing (gambling) with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  2 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 this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a financial account in a foreign country (such as a bank account, securities account, or other financial account)  5b If "Yes," the fire has me of the foreign country (such as a bank account, securities account, or other financial accounts and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," enter the name of the foreign country   Sab Was the organization a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7b Organizations that may receive deduct ible contributions under section 170(c).  6c Dot the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c If "Yes," did the orga	Yes Yes Yes	N c
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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 this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3c If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3c If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  3d Yes, the organization are present out the year country (such as a bank account, securities account, or other financial account)?  4d Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5d Was the organization a party to a prohibited tax shelter transaction?  6d Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5d Did the organization aparty to a prohibited tax deductible?  5d Did the organization and year and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5d Did the organization solicit any contributions that were not tax deductible?  6d Did the organization solicit any contributions with every solicitation an expres	Yes Yes Yes	N c
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 this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has it filed a Form 990-T for this year? If "Wo," provide an explanation in Schedule 0.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts  for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  for which is a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization state may receive deductible contributions under section 170(c).  a Did the organization state may receive defunctible contributions of target provided to the payor?  5 If "	Yes Yes Yes	N c
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 this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If *Yes," has it filed a Form 990-T for this year? If *No," provide an explanation in Schedule 0 . 3b  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If *Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b Organizations that may receive deductible contributions under section 170(c).  1 of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c If *Yes," did the organization notify the donor of the value of the goods or services provided?  7b If Yes," indicate the number of Forms 8282 filed during the year  6c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If *Yes," indicate the number of Forms 8282 filed during the year  7c If *Yes," indicate the number of Forms 8282 filed during the year  8 Sponsoring organizations maintaining donor advised funds and section	Yes Yes	N c
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3a 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)?  5b If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction? that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c C If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c 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?  5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  5c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  5c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  5c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  5c Did the organization organization notify the donor of the value of the goods or services provided?  5c Did the organization, or qual	Yes Yes	N c
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7f G For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7h For contributions of qualified intellectual property, did	Yes	N c
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8282 filed during the year  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7h For contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  7h For contributions of qualified intellectual property		N c
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See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		N c
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c Joes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c Jep To all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  7b To		N c
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
Prohibited Tax Shelter Transaction?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.		No
organization solicit any contributions that were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deduct ible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		No
were not tax deductible?		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
file Form 8282?	Yes	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
benefit contract?		
property of the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	$\longrightarrow$	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
required?	-+	
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
Sponsoring organizations maintaining donor advised funds.		
	$\rightarrow$	No
		l No
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b	$\dashv$	No
.0 Section 501(c)(7) organizations. Enter	$\dashv$	
a Initiation fees and capital contributions included on Part VIII, line 12   10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
1 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

615 W 131ST MC 8749 New York, NY 10027 (212) 854-4684

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 23			
b	Enter the number of voting members that are independent 18			
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	Yes	
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7.5		
_	The governing body?	8a	Yes	
a				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	venue Code.)		Yes	No
10-	Does the ergonization have local chapters, branches, or offiliates?	10a	163	No.
	Does the organization have local chapters, branches, or affiliates?	10a		- NO
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		N o
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?			
2	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
U	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	130	162	
	if fes to line a or b, describe the process in Schedule O (See Instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	1		
17	List the States with which a copy of this Form 990 is required to be filed▶CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n <b>►</b>
	RENOTTA YOUNG DEP CONTROLLER			

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

#### 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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current or former off								r, dırector, trustee		
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Lb Total	▶-	23,741,202	0	4,186,616

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3,870

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
GILBANE IDEAL JOINT VENTURE 2 RECTOR STREET 24TH FLOOR NEW YORK, NY 10006	Construction	23,523,687
FJ SCIAME CONSTRUCTION COMPANY INC 14 WALL STREET 2ND FLOOR NEW YORK, NY 10005	CONSTRUCTION	20,456,316
STRUCTURE TONE 770 BROADWAY NEW YORK, NY 10003	CONSTRUCTION	17,835,241
Hellman Construction Company Inc 79 WATERMILL LANE GREAT NECK, NY 11021	CONSTRUCTION	11,651,655
JA JENNINGS INC 60 E 42ND STREET NEW YORK, NY 10165	CONSTRUCTION	9,479,619
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►308	) who received more than	

3,645,880,259

1,911,186,322

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section 501(c)(3) and 501(c)(4) organizations m			<b>D</b> )	
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and ( (B)	D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the U.S. See Part IV, line 21	90,702,464	90,702,464		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	331,677,345	331,677,345		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	45,823,674	45,823,674		
4	Benefits paid to or for members	45,625,074	43,823,074		
5	Compensation of current officers, directors, trustees, and		0		
•	key employees	14,781,009	0	14,781,009	0
6	Compensation not included above, to disqualified persons				
	(as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	604,514	300,851	303,663	0
7	Other salaries and wages	1,585,013,686	1,382,325,366	163,425,011	39,263,309
8	Pension plan contributions (include section 401(k) and section	1,363,013,000	1,302,323,300	103,423,011	39,203,309
0	403(b) employer contributions)	94,902,824	79,306,307	12,645,119	2,951,398
9	Other employee benefits	223,541,529	178,709,134	30,585,161	14,247,234
10	Payroll taxes	86,127,327	71,709,699	11,749,576	2,668,052
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	23,195,785	10,877,318	12,244,552	73,915
c	Accounting	1,923,211	0	1,923,211	0
d	Lobbying	794,059	0	794,059	0
e	Professional fundraising See Part IV, line 17	784,949			784,949
f	Investment management fees	25,024,362	0	25,024,362	0
g	Other	38,699,771	22,794,041	14,152,818	1,752,912
12	Advertising and promotion	2,997,330	666,245	1,277,157	1,053,928
13	Office expenses	236,299,650	185,243,835	44,072,140	6,983,675
14	Information technology	18,046,150	11,490,207	5,965,179	590,764
15	Royalties	0			
16	Occupancy	137,893,911	95,954,135	41,687,096	252,680
17	Travel	48,085,316	45,805,362	984,356	1,295,598
18	Payments of travel or entertainment expenses for any federal,				
	state, or local public officials	0			
19	Conferences, conventions, and meetings	17,542,135	11,857,387	1,262,282	4,422,466
20	Interest	54,790,000	54,790,000	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	165,794,000	165,794,000	0	0
23	Insurance	32,198,564	32,198,564	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	LIBRARY	24,133,945	24,133,945	0	0
b	CONTINUING EDUCATION	11,660,409	11,428,700	231,709	0
c	DUES & SUBSCRIPTIONS	7,531,392	6,622,400	638,853	270,139
d	BAD DEBT	1,876,649	1,876,649	0	0
е	UNRELATED BUS INCOME TAX EXP	268,309	0	268,309	0
f	All other expenses	83,956,778	82,537,940	626,487	792,351
25	Total functional expenses. Add lines 1 through 24f	3,406,671,047	2,944,625,568	384,642,109	77,403,370
26	<b>Joint costs.</b> Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet							
-				(A)		(B)			
		Cook and interest because		Beginning of year	1	End of year			
	1	Cash—non-interest-bearing	•	535,206,457		710,398,453			
	2	Savings and temporary cash investments		392,467,000	2	396,746,000			
	3	Pledges and grants receivable, net	• •		3	<u> </u>			
	4	Accounts receivable, net		231,952,657	4	232,278,242			
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of	ees, key employees, and						
		Schedule L			5				
	6	Receivables from other disqualified persons (as defined under and persons described in section $4958(c)(3)(B)$ Complete P							
		Schedule L			6				
ets	7	Notes and loans receivable, net		112,155,402	7	111,273,660			
Assets	8	Inventories for sale or use		1,752,182	8	1,456,273			
	9	Prepaid expenses and deferred charges		49,522,835	9	38,162,048			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>							
	ь	Less accumulated depreciation	<b>10b</b> 1,863,062,745	3,176,418,000	10c	3,308,164,000			
	11	Investments—publicly traded securities		983,288,869	11	2,201,771,588			
	12	Investments—other securities See Part IV, line 11	4,476,893,436	12	3,795,293,412				
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11		388,861,375	15	222,536,073			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		10,348,518,213	16	11,018,079,749			
	17	Accounts payable and accrued expenses .		493,507,662	17	464,262,857			
	18	Grants payable	rants payable						
	19	Deferred revenue	revenue						
_	20	Tax-exempt bond liabilities	1,247,434,000	20	1,202,304,000				
es.	21	Escrow or custodial account liability Complete Part IV of Scheo		21					
Liabilities	22	Payables to current and former officers, directors, trustees, k employees, highest compensated employees, and disqualified							
ei i		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third parti	ies	3,262,000	23	0			
	24	Unsecured notes and loans payable to unrelated third parties		145,711,000	24	130,829,000			
	25	Other liabilities Complete Part X of Schedule D		588,839,000	25	617,200,000			
	26	Total liabilities. Add lines 17 through 25		2,704,906,628	26	2,602,978,857			
Sto		Organizations that follow SFAS 117, check here ► ✓ and co	mplete lines 27						
Ü	27	through 29, and lines 33 and 34. Unrestricted net assets		5,045,186,188	27	5,692,654,495			
Fund Balances	28	Temporarily restricted net assets		711,372,000	28	730,964,000			
8	29	Permanently restricted net assets		1,887,053,397	29	1,991,482,397			
ŭ	23	Organizations that do not follow SFAS 117, check here ▶ □	and complete	1,007,000,007	29	1,001,402,007			
r F		lines 30 through 34.	and complete						
s or	30	Capital stock or trust principal, or current funds			30				
ξ	31	Paid-in or capital surplus, or land, building or equipment fund			31				
Assets	32	Retained earnings, endowment, accumulated income, or other			32				
Net /	33	Total net assets or fund balances		7,643,611,585		8,415,100,892			
Z	34	Total liabilities and net assets/fund balances		10,348,518,213		11,018,079,749			
	ı	· · · · · · · · · · · · · · · · · · ·							

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
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?	3a	Yes	
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** (2009)

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Inspection

THE T	RUSTE	e organization ES OF COLUMBIA UNIVER	SITY			Employer identif	ication number						
		OF NEW YORK				13-5598093							
					must complete this pa		tions						
	organı —	•			h 11, check only one box	)							
1	<u> </u>	•	•	sociation of churches <b>se</b>									
2	굣	A school described	I in <b>section 170(b)(1)</b>	( <b>A)(ii).</b> (Attach Schedul	e E )								
3	Г	A hospital or a coo	perative hospital serv	vice organization describ	ed in <b>section 170(b)(1)(</b>	A)(iii).							
4	Γ	A medical research hospital's name, ci	•	ed in conjunction with a h	ospital described in <b>secti</b>	on 170(b)(1)(A)(	iii). Enter the						
5	Γ	An organization op	erated for the benefit	of a college or university	owned or operated by a g	jovernmental unit	 : described in						
		section 170(b)(1)(	170(b)(1)(A)(iv). (Complete Part II )										
6	Γ	A federal, state, or	local government or	governmental unıt descrı	bed in <b>section 170(b)(1)(</b>	(A)(v).							
7	Γ	described in	n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in ection 170(b)(1)(A)(vi) (Complete Part II)										
8	Г			170(b)(1)(A)(vi) (Comp	olete Part II )								
9	Ė	•			its support from contribu	tions, membershi	ip fees, and gross						
-	,	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		its support from gro	oss investment incom	ne and unrelated busines	s taxable ıncome (less se	ction 511 tax) fro	om businesses						
		acquired by the org	janization after June 3	30, 1975 See <b>section 50</b>	<b>9(a)(2).</b> (Complete Part :	III )							
10	Г	An organization org	anized and operated	exclusively to test for pu	ıblıc safety See <b>section 5</b>	09(a)(4).							
11	Γ	one or more publicl	y supported organiza	tions described in section orting organization and co	it of, to perform the functi n 509(a)(1) or section 50 implete lines 11e through Functionally integrated	)9(a)(2) See <b>sect</b> 111h							
e	Γ				lled directly or indirectly cly supported organizatio								
f		If the organization check this box	received a written de	termination from the IRS	that it is a Type I, Type I	II or Type III sup	porting organization,						
g		Since August 17, 2 following persons?	2006, has the organiz	ation accepted any gift o	r contribution from any of	the							
		(i) a person who di	rectly or indirectly co	ntrols, either alone or to	gether with persons desci	ribed in (ii)	Yes No						
		and (III) below, the	governing body of the	the supported organizat	ion?		11g(i)						
		(ii) a famıly membe	er of a person describ	ed ın (ı) above?			11g(ii)						
		(iii) a 35% control	led entity of a person	described in (i) or (ii) ab	ove?		11g(iii)						
h		Provide the following	ng information about t	he supported organization	n(s)								
			(iii)	(iv)	(v)	(vi)							

(i) Name of supported organization	(ii) EIN		(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code LIBRARY	) (Expenses \$	60,307,000	including grants of\$	0)(Revenue\$	0)
(Code CAMPUS OPERATIO	) (Expenses \$	187,857,000	ıncludıng grants of\$	0 ) (Revenue \$	0)
(Code INSTITUTIONAL SU	) (Expenses \$ JPPORT	203,575,000	including grants of \$	0)(Revenue\$	0)
(Code AUXILIARY ENTERF	) (Expenses \$ PRISES	91,087,000	including grants of \$	0) (Revenue \$	109,392,000 )
(Code OTHER SOURCES	) (Expenses \$	74,881,408	including grants of \$	9,836,516 ) (Revenue \$	10,031,255)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors												
( <b>A)</b> Name and Title	(B) A verage hours per		(C) sition (check all that apply)					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Lee C Bollinger President	60 0	x		х				906,860	0	620,357		
Armen A Avanessians Trustee	3 0	Х						0	0	0		
A Leila Bundles Trustee	3 0	×						0	0	0		
Jose A Cabranes Trustee	3 0	х						0	0	0		
William V Campbell Trustee	3 0	Х						0	0	0		
Stephen H Case Trustee	3 0	Х						0	0	0		
Ann F Kaplan Trustee	3 0	Х						0	0	0		
Mark E Kıngdon Trustee	3 0	Х						0	0	0		
Marilyn Laurie Trustee (Term ended 9/8/09)	3 0	Х						0	0	0		
Gerry Lenfest Trustee	3 0	Х						0	0	0		
Paul J Maddon Trustee	3 0	х						0	0	0		
Philip L Milstein Trustee	3 0	Х						0	0	0		
Vıkram Pandıt Trustee	3 0	Х						0	0	0		
Michael B Rothfeld Trustee	3 0	Х						0	0	0		
Jonathan D Schiller Trustee	3 0	Х						0	0	0		
Joan Edelman Spero Trustee	3 0	Х						0	0	0		
Esta E Stecher Trustee	3 0	Х						0	0	0		
Kyrıakos Y Tsakopoulos Trustee	3 0	Х						0	0	0		
Savio W Tung Trustee	3 0	Х						0	0	0		
Faye Wattleton Trustee	3 0	Х						0	0	0		
Richard E Witten Trustee	3 0	Х						0	0	0		
Dr Clyde YC Wu Trustee (Term ended 9/8/09)	3 0	Х						0	0	0		
kenneth a forde md trustee	3 0	Х						789,000	0	0		
Noam Gottesman Trustee (Term began 9/8/09)	3 0	Х						0	0	0		
James Harden Trustee (Term began 9/8/09)	3 0	х						0	0	0		

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

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	hours that apply) co		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other							
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Jane E Booth General Counsel	60 0			х				444,678	0	32,113		
Alan Brinkley Provost (Through 8/31/09)	60 0			х				485,158	0	67,463		
Jerome Davis secretary	60 0			х				230,840	0	35,604		
Robert Kasdın Senior Executive VP	60 0			х				637,815	0	51,585		
Claude M Steele provost (as of 9/1/09)	60 0			х				241,877	0	30,457		
anne r sullivan executive vp for finance	60 0			х				396,588	0	25,076		
nicholas b dirks Exec VP - arts & sciences	60 0				х			411,304	0	53,373		
susan k feagın exec vp - unıv dev & alum rel	60 0				x			498,512	0	31,945		
Lee Goldman MD Exec VP for Health Sciences	60 0				х			1,325,170	0	36,973		
Peter Holland CIO OF INVESTMENT MGMT	60 0				x			1,970,028	0	1,324,022		
Joseph A Ienuso Exec VP of Facilities	60 0				х			399,972	0	75,279		
N P Narvekar CEO OF INVESTMENT MGMT	60 0				x			1,980,746	0	1,467,207		
david n silvers md clinical professor	60 0					Х		4,901,899	0	37,388		
jeffrey w moses md professor of medicine	60 0					Х		2,942,812	0	76,849		
craig r smith md professor of surgery	60 0					Х		1,889,324	0	110,154		
martin b leon md PROFESSOR OF medicine	60 0					Х		1,487,812	0	64,170		
JAN MODEST QUAEGEBEUR MD professor of surgery	60 0					Х		1,497,144	0	46,601		
George E Rupp former officer	0 0						x	303,663	0	0		

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

•					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TUITION & FEES	611,600	930,617,000	930,617,000		
OTHER EDUCATION & RESEARCH	621,110	105,496,427	105,496,427		
PATIENT CARE REVENUE	541,700	762,483,633	762,483,633		
AUXILIARY ENTERPRISES	900,099	109,392,000	102,861,034	6,530,966	
OTHER SOURCES	900,099	8,140,000	8,140,000		

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
LIBRARY	24,133,945	24,133,945	0	0
CONTINUING EDUCATION	11,660,409	11,428,700	231,709	0
DUES & SUBSCRIPTIONS	7,531,392	6,622,400	638,853	270,139
BAD DEBT	1,876,649	1,876,649	0	0
UNRELATED BUS INCOME TAX EXP	268,309	0	268,309	0

DLN: 93493136071161

#### OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ 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

exempt funtion activities

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

	- · · · · · · · · · · · · · · · · · · ·				
	me of the organization : TRUSTEES OF COLUMBIA UNIVERSITY	mployer ide	entific	ation numbe	er
IN٦	THE CITY OF NEW YORK	3-559809	3		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ction 52	7 or	ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part I	١٧			
2	Political expenditures	<b>&gt;</b>	\$_		
3	Volunteer hours				
			_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>F</b>	\$ <u>_</u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>F</b>	\$ <u>_</u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except so	ection 50	)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function acti	vities 🕨	\$_	·	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 52	:7			

Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to an affiliated group Check If the filing organization checked box A and "limited control" provisions apply									
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals						
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00						
	Over \$17,000,000	\$1,000,000								
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

1

1

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

	Telection ander section ser(ii))i			
		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		5,860
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		165,899
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		788,199
j	Total lines 1c through 1i			959,958
a.	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	

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

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Dues, assessments and similar amounts from members

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

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

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

Complete this part to provide the de Also, complete this part for any add		e 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1:
Ident if ier	Return Reference	Explanation
JPPLEMENTAL INFORMATION	SCHEDULE C	LINE 1A - VOLUNTEERS N/A LINE 1B - PAID STAFF OR MANAGEMENT THE UNIVERSITY HAS OFFICES OF GOVERNMENT AND COMMUNITY AFFAIRS AT BOTH ITS MORNINGSIDE AND MEDICAL CENTER CAMPUSES WHOSE FUNCTION IS TO KEEP THE UNIVERSITY COMMUNITY INFORMED ABOUT NATIONAL, STATE AND LOCAL LEGISLATION AND POLICY THAT HAS AN IMPACT ON THE UNIVERSITY AND, WHEN APPROPRIATE, TO ADVOCATE FOR THE UNIVERSITY'S INTERESTS WITH RESPECT TO THIS POLICY EMPLOYEES REGULARLY INVOLVED IN THESE ACTIVITIES INCLUDE EXECUTIVE VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY AFFAIRS ASSISTANT VICE PRESIDENT FOR GOVERNMENT RELATIONS AND POLICY COORDINATION PROJECT COORDINATOR FOR STATE AND FEDERAL RELATIONS DEPUTY VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY MEDICAL CENTER ASSISTANT VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY MEDICAL CENTER RISHED. CHUBBIA UNIVERSITY MEDICAL CENTER LINE 1C - MEDIA ADVERTISEMENTS NONE LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC NONE LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS NONE LINE 1D - FOR THE PUBLIC NONE LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS NONE LINE 1D - FOR STATEMENTS ON THE PUBLIC NONE LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS NONE LINE 1D - FOR STATEMENTS ON THE PUBLIC NONE LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS. TO STHER OWN OF THOSE ORGANIZATIONS FOR LOBBYING PURPOSES THE UNIVERSITY'S LOBBYING DISCLOSURE FILLINGS LINE OF THE SERVE PUBLICAND OF THE SERVE

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As Filed Data -

DLN: 93493136071161

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

Internal Revenue Service ► Attach to Form 990. ► See separate instruction		orm 990. ► See separate instructions.			Inspection		
Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY		UMBIA UNIVERSITY		Empl	oyer identificat	ion numbe	er
	THE CITY OF NEW Y				598093		
Pa		i <b>zations Maintaining Donor A</b> zation answered "Yes" to Form 9	Advised Funds or Other Similar Fu 90. Part IV. line 6.	ınds c	or Accounts.	Comple	te if the
	<b>9</b>		(a) Donor advised funds	(	<b>b)</b> Funds and o	ther acco	unts
1	Total number a	t end of year	5				
2	Aggregate cont	tributions to (during year)	0				
3	Aggregate gran	nts from (during year)	1,705,000				
4	Aggregate valu	ie at end of year	13,250,965				
5	•		visors in writing that the assets held in donc organization's exclusive legal control?	oradvis	sed	✓ Yes	┌ No
6	used only for c	- · · · · · · · · · · · · · · · · · · ·	d donor advisors in writing that grant funds in nefit of the donor or donor advisor, or for an			✓ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" to	Form	990, Part IV	, lıne 7.	
2	Preservati Protection Preservati Complete lines	n of natural habitat ion of open space	tion or pleasure) Preservation of an Preservation of a c	ertıfıed	historic struct		a
					Held at the	End of the	Year
а		of conservation easements		2a			
b	_	restricted by conservation easement	<u> </u>	2b			
c		servation easements on a certified hi	` '	2c			
d	Number of con	servation easements included in (c) a	acquired after 8/17/06	2d			
3		servation easements modified, transf ar ►	erred, released, extinguished, or terminated	d by the	e organization d	luring	
4	Number of stat	tes where property subject to conserv	vation easement is located ▶	_			
5		nization have a written policy regardir f the conservation easements it holds	ng the periodic monitoring, inspection, hand ;?	ling of	violations, and	┌ Yes	┌ No
6	Staff and volun	iteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents du	ırıng the year 🕨		
7	A mount of exp	enses incurred in monitoring, inspect	ing, and enforcing conservation easements	during	the year 🟲 🕏 _		
8		servation easement reported on line ) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	tion		☐ Yes	☐ No
9	balance sheet,		conservation easements in its revenue and the footnote to the organization's financial ments				
Par			ons of Art, Historical Treasures, o "Yes" to Form 990, Part IV, line 8.	or Oth	er Similar <i>A</i>	\ssets.	
1a	art, historical t	treasures, or other similar assets hel	S 116, not to report in its revenue statemer d for public exhibition, education or researc nancial statements that describes these ite	h ın fur			е,
b	historical treas	· ·	S 116, to report in its revenue statement ar public exhibition, education, or research in is			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets inc	luded in Form 990, Part X			<b>►</b> \$		
2	If the organiza	•	torical treasures, or other similar assets fo AS 116 relating to these items	r financ			
а	Revenues inclu	uded in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art	, His	toric	al Trea	asures, or	Oth	er Similar As	ssets	(con	itinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	ofth	e follo	wing tha	t are a signific	ant	use of its collec	tion		
а	Public exhibition		d	~	Loan or e	exchange pro	gram	s			
b	Scholarly research		e	Γ	Other						
С	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and explai	ın hov	v they	further t	he organizatio	n's e	exempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							mılar	┌ Ye	s	√ No
Pai	t IV Escrow and Custodial Arrang						ed "	Yes" to Form '	990,		
	Part IV, line 9, or reported an ai										
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or other as	sets	not	Г Ye	s	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	follow	ing ta	ble						
_	B						-	AI	mount		
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F		21?						Г Ye	5	No
	If "Yes," explain the arrangement in Part XI				-l !!\/!!	ta Fa 000	\ D-	t TV   long   10			
Ра	rt V Endowment Funds. Complete	(a)Current Year		were b)Prior				I <b>TT IV, IINE IU.</b> ( <b>d)</b> Three Years Bacl		ur Ye	ars Back
1a	Beginning of year balance	5,892,798,000			,226,000	(C) THE TEATS B	101.	(a) mee rears back	(5).	41 10	ars back
ь	Contributions	159,335,000		159	,922,000						
С	Investment earnings or losses	946,146,321		-1,138	,085,412						
d	Grants or scholarships	72,771,000		81	,367,000						
e	Other expenditures for facilities and programs	387,564,000		365	,444,000						
f	Administrative expenses	21,432,321		27	,453,588						
g	End of year balance	6,516,512,000		5,892	,798,000						
2	Provide the estimated percentage of the yea	ar end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	41.000 %									
ь	Permanent endowment F 59.000 %										
c	Term endowment ► 0 %										
3а	Are there endowment funds not in the posse	ssion of the organiza	ation t	that a	re held aı	nd administer	ed fo	r the	_		
	organization by							-		es	No
	(i) unrelated organizations			•					• •	es	N. o
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organization				ılo P2		٠	· · · -	(ii)   b	$\dashv$	N o
4	Describe in Part XIV the intended uses of the						•				
	t VI Investments—Land, Building					. Part X. line	10				
	Description of investment			(a) Co	ost or other basis estment)	<del>'</del>	her	(c) Accumulated depreciation	(d)	Book	value
1a	Land				C	317,293	,000		1	317.	,293,000
ь	Buildings		.	9	81,239,745			1,690,812,74	5 2	•	,344,000
	Leasehold improvements		.			1		· · · · · ·	1		•
d	Equipment		.		C	305,777	,000	172,250,000	0	133	,527,000
e	Other		.					(	0		

3,308,164,000

Part VIII Investments—Other Securities. See	orni 990, Part X, ilile 12	<u>′</u> .	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation - year market value
Financial derivatives		Cost of cha of	year market variae
Closely-held equity interests			
Other	207 122 150		=
GLOBAL EQUITIES	207,132,159		F_
FIXED INCOME	0		F
ABSOLUTE RETURN STRATEGIES	977,535,701		F
	4.552.726.002		_
PRIVATE EQUITY	1,553,736,982		F_
REAL ASSETS	1,056,888,570		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,795,293,412	]	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin  (a) Description		1	(b) Book value
(4) 5 65 611 5			(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	<b>.</b>	
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
LIABILITY FOR SECURITIES PURCHASED	16,702,000		
SECURITIES LOAN AGRMT PAYABLE	4,597,000		
CAPITAL LEASE OBLIGATIONS	116,109,000		
COND'L ASSET RETIREMENT OBLIGATION	105,039,000		
ACCRUED EMPLOYEE BENEFIT LIAB FEDERAL STUDENT LOAN FUNDS	78,305,000		
ACTUARIAL LIAB- SPLIT INT AGRMT	44,527,000		
****	7		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	617,200,000		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	ı
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	:urn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d	]	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	] ]	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn
1	Total expenses and losses per audited financial statements	1 1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
_ a	Donated services and use of facilities		
Ь	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts 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		
b	Other (Describe in Part XIV) 4b	1	
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , III	nes 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation				
DETAIL OF UNIVERSITY COLLECTIONS/TEXT OF AUDIT FOOTNOTE	& 4	COLLECTIONS AT THE UNIVERSITY INCLUDE WORKS OF ART, LITERARY WORKS, HISTORICAL TREASURES, AND ARTIFACTS THAT ARE MAINTAINED IN THE UNIVERSITY'S GALLERIES, LIBRARIES, AND BUILDINGS THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND THE FURTHERANCE OF PUBLIC SERVICE AND, THEREFORE, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED BALANCE SHEET COSTS ASSOCIATED WITH PURCHASING ADDITIONS AND MAINTAINING THESE COLLECTIONS ARE RECORDED AS OPERATING EXPENSES IN THE PERIOD IN WHICH THE ITEMS ARE ACQUIRED				
INTENDED USE OF ENDOWMENT FUNDS		COLUMBIA UNIVERSITY'S ENDOWMENT FUNDS SUPPORT A RANGE OF PURPOSES IN ACCORDANCE WITH THE UNIVERSITY'S MISSION, INCLUDING FINANCIAL AID, FACULTY SALARIES AND SUPPORT, RESEARCH, CAPITAL PROJECTS, GENERAL SUPPORT OF THE UNIVERSITY, SCHOOLS, DEPARTMENTS, INSTITUTES AND CENTERS				
PART X, LINE 2 (FIN 48)		THE UNIVERSITY BELIEVES THAT ITS TAX POSITIONS AS THEY RELATE TO THE IMPACT ON THE FINANCIAL STATEMENTS OF FIN 48 ARE HIGHLY CERTAIN				

**Employer identification number** 

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

IN THE CITY OF NEW YORK 13-5598093 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 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? 2 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 COLUMBIA UNIVERSITY CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ACROSS THE NATION AND THE WORLD ITS EDUCATIONAL PROGRAMS SEEK A BROAD CROSS-SECTION OF STUDENTS FROM THE METROPOLITAN AREA IT FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY OF ADMISSION AND INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARDS STUDENTS IN ALL SCHOOL AND PROGRAM BULLETINS IT ALSO REFERS TO THIS POLICY IN ALL WRITTEN ADVERTISING IT THEREFORE MEETS THE CRITERIA UNDER REV PROC 75-50, SECTION 4 03-2(B)FOR EXEMPTION FROM THE PUBLICITY REQUIREMENTS OF SECTION 4 03-1 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes **4a** 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 with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **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? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 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? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 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 Schedule O (Form 7 Yes 990)

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2009

Open to Public Inspect ion

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

Totals .

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

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

THE	TRUSTEES OF COLUMB	IA UNIVERSITY						
IN T	HE CITY OF NEW YORK					13-5598093		
Pa	"Yes" to Form S			de the United States	. Complete	e if the organ	nization answered	
1	For grantmakers. Do	es the organiza	tion maintain r	ecords to substantiate	the amount	of the grant	s or	
				assistance, and the se				
	the grants or assistar	nce?					. 🔽 Yes 🗌 No	
2	<b>For grant makers.</b> Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States							
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed )				
	(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)	ıs a progr describe sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region	
See	e Add'l Data			and region,	,	, 3		

60

1,347

142,328,505

Part IV, Use Sch	line 15, for any nedule F-1 (Form	recipient who rec 990) if additional	eived more than \$5, space is needed.	000. Check this box	t if no one recipient	received more thai	1 \$5,000	<b>►</b> Γ
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	( <b>f)</b> Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								
2 Enter total nu tax-exempt b	umber of recipier by the IRS, or foi	nt organizations list r which the grante	sted above that are lee or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as . ►	335
			ntities					0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

							1
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							
-							
-							

Schedule F (Form 990) 2009

Part IV Supplemen	ion	, age .
		in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
	·	Explanation  SCHEDULE F, PART I, LINE 2 ORGANIZATION'S PROCEDURES FOR MONITORING GRANT FUNDS THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF ALL SPONSORED PROJECT GRANT FUNDING THIS POLICY IS CONTAINED IN THE "SPONSORED PROJECTS HANDBOOK" THE POLICY STATES THAT THE PRIMARY OBLIGATION FOR THE DAY-TO-DAY MANAGEMENT OF SPONSORED PROJECTS AND INSURING COMPLIANCE WITH FEDERAL AND OTHER SPONSOR REGULATIONS IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR SUPPORTED, AS NECESSARY, BY HIS OR HER ADMINISTRATIVE STAFF ADDITIONALLY, THE POLICY SPECIFIES THE FOLLOWING MONITORING PROCEDURES - MONTHLY ACCOUNT RECONCILIATION - REVIEW OF SALARY AND BENEFIT CHARGES - REVIEW OF VENDOR INVOICES - REVIEW OF CHARGES INITIATED BY SERVICE OR RECHARGE CENTERS - REVIEW OF FACILITIES AND ADMINISTRATIVE CHARGES - MONITORING OF SUB- AWARDS THROUGH REVIEW OF CHARGES AND TECHNICAL PERFORMANCE REPORTS, CONDUCTING PERIODIC ONSITE VISITS, AND INITIATING AUDITS/REVIEWS WHEN NECESSARY EXPENDITURES RELATED TO FOREIGN ACTIVITY EXPENDITURES RELATED TO FOREIGN ACTIVITY ARE GENERATED FROM A NUMBER OF SCHOOLS AND
		CENTERS AS WELL AS THROUGH CERTAIN CENTRAL ADMINISTRATIVE ACTIVITY MOST OF THE ACTIVITY RELATES TO US GOVERNMENT FUNDED PROGRAM SERVICES OTHER ACTIVITY INCLUDES FACULTY AND STAFF TRAVEL FOR EDUCATIONAL, RESEARCH, FUNDRAISING AND OTHER PROGRAM SERVICES NOT ALL OF THE OVERSEAS EXPENDITURES ARE SEPARATELY TRACKED AS FOREIGN ACTIVITY THE AMOUNTS REPRESENTED ON SCHEDULE F-1 REPRESENT A COMBINATION OF SEPARATELY TRACKED EXPENDITURES (GENERALLY FOR THE LARGER AND GOVERNMENT SPONSORED PROGRAMS) AND THE UNIVERSITY'S GOOD FAITH EFFORT TO CAPTURE FOREIGN ACTIVITY WHERE IT HAS NOT BEEN SEPARATELY TRACKED
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### Software ID: **Software Version:**

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Form	990	Schedule	F Dart	T - A	ctivities	Outside	The	United 9	States
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Form 990 Schedule F	Parti - Acti	Vities Outside	The officed 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	1	8	Program Services	EDUC/RESEARCH/OUTREACH	617,645
Central America and the Caribbean			Grantmakıng		200,449
Central America and the Caribbean			Investments		
East Asia and the Pacific	8	50	Program Services	EDUC/RESEARCH/OUTREACH	5,267,756
East Asia and the Pacific			Grantmakıng		1,499,004
East Asia and the Pacific			Fundraising		340,857
East Asia and the Pacific			Investments		
Europe (Including Iceland and Greenland)	6	57	Program Services	EDUC/RESEARCH/OUTREACH	8,066,863
Europe (Including Iceland and Greenland)			Grantmakıng		5,821,664
Europe (Including Iceland and Greenland)			Fundraising		343,660
Europe (Including Iceland and Greenland)			Investments		
Middle East and North	1	25	Program Services	EDUC/RESEARCH/OUTREACH	2,425,197
Middle East and North			Grantmakıng		219,111
Middle East and North			Fundraising		59,368
Middle East and North			Investments		
North America	0	1	Program Services	EDUC/RESEARCH/OUTREACH	1,213,686
North America			Grantmakıng		1,631,389
North America			Fundraising		7,693
North America			Investments		
Russia and the Newly Independent States	3	33	Program Services	EDUC/RESEARCH/OUTREACH	135,535
Russia and the Newly Independent States			Grantmakıng		535,904
Russia and the Newly Independent States			Fundraising		5,920
Russia and the Newly Independent States			Investments		
South America	0	3	Program Services	EDUC/RESEARCH/OUTREACH	1,367,298
South America			Grantmakıng		1,093,734
South America			Fundraising		8,594
South America			Investments		
South Asia	4	198	Program Services	EDUC/RESEARCH/OUTREACH	1,228,941
South Asia			Grantmakıng		650,414
South Asia			Fundraising		62,865
South Asia			Investments		
Sub-Saharan Africa	37	972	Program Services	EDUC/RESEARCH/OUTREACH	75,352,953
Sub-Saharan Africa			Grantmakıng		34 172 005

South Asia				Fundraising				62,865		
South Asia			I	Investments						
Sub-Saharan Africa		37	972	Program Services	EDUC/RESEARCH/O	UTREACH		75,352,953		
Sub-Saharan Africa				Grantmakıng			:	34,172,005		
Sub-Saharan Africa			I	Investments						
Form 990 Schedu	ıle F Part 1	I - Gr	ants or Entities	s Outside The Un	ited States					
(a) Name of organization	(b) IRS code section and EIN(if		(c) Region	(d) Purpose of gra	(a) A mount of	` '	anner of bursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV,
	applicable)	Europ	oe/Iceland/Greenla		7,429	CHECK			N/A	appraisal, other) N/A
		Sub-9	Saharan Africa	SUPPORT PROGRAM SUPPORT	150,989	WIRE TRA	ANS		N/A	N/A
		Europ	oe/Iceland/Greenla		23,451	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	23,601	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	70,015	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	16,818	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	21,053	WIRE TRA	ANS		N/A	N/A
		Sub-9	Saharan Africa	CLINIC SUPP	56,398	WIRE TRA	ANS		N/A	N/A
		Sub-9	Saharan Africa	CLINIC SUPP	60,263	WIRE TRA	ANS		N/A	N/A
		Sub-9	Saharan Africa	CLINIC SUPP	215,789	WIRE TRA	ANS		N/A	N/A
		Sub-9	Saharan Africa	CLINIC SUPP	58,301	WIRE TRA	ANS		N/A	N/A
		East	A sıa/Pacıfıc	Program Support	38,914	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	38,744	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	6,427	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	60,670	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	87,980	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	79,319	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	45,210	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	16,506	LOCALP	MT		N/A	N/A
		East	A sıa/P acıfıc	PRO GRAM SUPPO RT	10,270	WIRE TRA	ANS		N/A	N/A
		East	A sıa/Pacıfıc	PRO GRAM SUPPO RT	11,458	WIRE TRA	ANS		N/A	N/A
		East	A sıa/Pacıfıc	GENERAL SUPPORT	26,227	CHECK			N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	57,537	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	78,935	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	114,850	WIRE TRA	ANS		N/A	N/A
		Sub-9	Saharan Africa	CLINIC SUPP	663,962	WIRE TRA	ANS		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	55,339	LOCALP	МТ		N/A	N/A
		Sub-S	Saharan Africa	CLINIC SUPP	59,051	WIRE TRA	ANS		N/A	N/A

189,599 WIRE TRANS

216,523 WIRE TRANS

N/A

N/A

N/A

N/A

CLINIC SUPP

CLINIC SUPP

Sub-Saharan Africa

Sub-Saharan Africa

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
		Sub-Saharan Africa	CLINIC SUPP	39,263	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	124,134	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	61,628	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	Program Support	139,738	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	13,378	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	193,256	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	17,359	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	68,134	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	17,079	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	Program Support	22,005	WIRE TRANS		N/A	N/A
		Cent A merica/Caribbean	CLINIC SUPP	124,650	WIRE TRANS		N/A	N/A
			CLINIC SUPP	10,120	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPPORT	100,000	WIRE TRANS		N/A	N/A
		·	PRO GRAM SUPPO RT	22,220	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	13,369	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland		46,071	WIRE TRANS		N/A	N/A
			CLINIC SUPP	454,985	CHECK		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	160,205	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	188,365	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland		22,570	WIRE TRANS		N/A	N/A
		South Asia	PRO GRAM SUPPO RT	9,932	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	PRO GRAM SUPPO RT	314,122	WIRE TRANS		N/A	N/A
			CLINIC SUPP	114,644	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	253,755	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	CLINIC SUPP	275,498	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	10,327	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	54,993	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	71,841	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	196,787	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	37,178	WIRE TRANS		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	GENERAL SUPPORT	18,000	CHECK		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	605,432	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRA M SUPPO RT	13,948	WIRE TRANS		N/A	N/A
			GENERAL SUPPORT	29,541	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	36,743	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	71,208	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	133,139	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	13,581	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	440,907	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	306,543	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	104,008	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	52,936	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	76,349	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	72,510	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	44,824	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	63,077	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	5,605	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	18,681	WIRE TRANS		N/A	N/A
			GENERAL SUPPORT	56,341	CHECK		N/A	N/A
			PRO GRAM SUPPO RT	20,250	WIRE TRANS		N/A	N/A
			CLINIC SUPP	52,129	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	1,238,464	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	63,418	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	845,760	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	17,500	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	85,571	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	GENERAL SUPPORT	30,273	CHECK		N/A	N/A
			CLINIC SUPP	56,320	WIRE TRANS		N/A	N/A
			GENERAL SUPPORT	38,436	СНЕСК		N/A	N/A
		South America	PRO GRAM SUPPO RT	74,535	CHECK		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,		PRO GRAM SUPPO RT	40,427	WIRE TRANS		N/A	N/A
			GENERAL SUPPORT	67,500	CHECK		N/A	N/A
		Europe/Iceland/Greenland	CLINIC SUPP	113,480	WIRE TRANS		N/A	N/A
			PRO GRA M SUPPO RT	3,719,240	CHECK		N/A	N/A
		Europe/Iceland/Greenland	PRO GRA M SUPPO RT	88,685	CHECK		N/A	N/A
		Europe/Iceland/Greenland	GENERAL SUPPORT	117,606	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	57,054	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	6,879	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	21,781	DIR DEPOSIT		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	31,539	DIR DEPOSIT		N/A	N/A
		'	PRO GRAM SUPPO RT	20,801	DIR DEPOSIT		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	148,930	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	60,477	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	12,998	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	75,481	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	22,849	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP		WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	28,578	WIRE TRANS		N/A	N/A
			Clinic Supp		WIRE TRANS		N/A	N/A
			PRO GRA M SUPPO RT	11,000	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP		WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP		WIRE TRANS		N/A	N/A
			CLINIC SUPP	·	WIRE TRANS		N/A	N/A
			CLINIC SUPP	·	WIRE TRANS		N/A	N/A
			CLINIC SUPP		WIRE TRANS		N/A	N/A
			CLINIC SUPP		WIRE TRANS		N/A	N/A
		·	PRO GRA M SUPPO RT		WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	·	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	161,274	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	15,159	WIRE TRANS		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	, , , ,	Sub-Saharan Africa	CLINIC SUPP	39,696	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	119,416	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	22,510	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	10,099	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	67,546	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	28,176	WIRE TRANS		N/A	N/A
		East Asia/Pacific	CLINIC SUPP	200,298	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	72,997	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	33,723	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	8,282	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	22,621	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	161,902	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	13,978	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	5,100	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	8,756	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	11,372	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	29,652	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	46,802	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	111,416	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	1,252,730	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	237,688	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	46,956	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	379,810	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	248,923	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	10,190	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	137,976	WIRE TRANS		N/A	N/A
			CLINIC SUPP	53,302	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	71,590	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	29,675	WIRE TRANS		N/A	N/A
		Cent A merica/Caribbean	PRO GRAM SUPPO RT	9,210	WIRE TRANS		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	CLINIC SUPP	18,471	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	149,278	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	148,450	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	13,202	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	49,449	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	63,790	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	7,550	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	10,250	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	414,931	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	PRO GRAM SUPPO RT	24,873	WIRE TRANS		N/A	N/A
			PRO GRA M SUPPO RT	88,463	WIRE TRANS		N/A	N/A
			CLINIC SUPP	22,865	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	27,599	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	236,022	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	252,400	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	70,000	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	309,597	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	72,621	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	661,077	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	85,887	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	58,855	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	95,533	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	8,306	СНЕСК		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	134,326	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	116,862	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	PRO GRAM SUPPO RT	264,338	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	9,416	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	11,868	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	56,851	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	12,888	WIRE TRANS		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	CLINIC SUPP	96,901	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	517,969	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	50,596	wire trans		n/a	n/a
		Sub-Saharan Africa	CLINIC SUPP	96,325	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	114,375	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	78,722	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	93,994	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	12,630	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	23,958	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	290,926	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	8,270	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	827,401	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	6,432	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	1,651,319	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	144,516	WIRE TRANS		N/A	N/A
		South America	CLINIC SUPP	419,360	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	7,398	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	55,317	СНЕСК		N/A	N/A
		Europe/Iceland/Greenland		9,758	WIRE TRANS		N/A	N/A
			CLINIC SUPP	89,999	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	52,802	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland		103,939	CHECK		N/A	N/A
			CLINIC SUPP	70,384	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	21,414	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	109,655	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	13,647	WIRE TRANS		N/A	N/A
			CLINIC SUPP	40,636	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	55,438	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	42,016	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	GENERAL SUPPORT	18,104	CHECK		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,	Europe/Iceland/Greenland	PRO GRAM SUPPO RT	11,345	WIRE TRANS		N/A	N/A
		1	PRO GRA M SUPPO RT	18,444	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	49,480	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	157,703	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	138,648	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	138,309	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	23,146	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PROGRAM SUPP	25,361	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	5,434	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	45,720	CHECK		N/A	N/A
		Europe/Iceland/Greenland		47,979	CHECK		N/A	N/A
		South Asia	PRO GRAM SUPPORT	16,388	CHECK		N/A	N/A
			PROGRAM SUPP	53,689	CHECK		N/A	N/A
		South America	PRO GRAM SUPPO RT	96,752	CHECK		N/A	N/A
		Russia	PRO GRAM SUPPORT	8,168	СНЕСК		N/A	N/A
-		Sub-Saharan Africa	PRO GRAM SUPPORT	22,928	CHECK		N/A	N/A
			CLINIC SUPP	2,086,998	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	75,193	WIRE TRANS		N/A	N/A
			CLINIC SUPP	5,736	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	8,118	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	CLINIC SUPP	17,238	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	26,668	WIRE TRANS		N/A	N/A
		East Asia/Pacific	CLINIC SUPP	140,672	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	10,459	WIRE TRANS		N/A	N/A
		South Asia	PRO GRAM SUPPO RT	22,610	WIRE TRANS		N/A	N/A
			CLINIC SUPP	41,805	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	10,010	WIRE TRANS		N/A	N/A
			CLINIC SUPP	194,790	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	6,000	CHECK		N/A	N/A
		North America	PRO GRAM SUPPO RT	91,410	WIRE TRANS		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
	, , ,		PRO GRAM SUPPO RT	32,442	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	10,166	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	49,004	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	54,684	WIRE TRANS		N/A	N/A
-		Sub-Saharan Africa	CLINIC SUPP	38,898	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	805,816	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	127,217	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	CLINIC SUPP	10,120	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	145,036	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	PRO GRAM SUPPO RT	37,803	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	PRO GRAM SUPPO RT	42,869	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	786,659	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	400,000	WIRE TRANS		N/A	N/A
		East Asia/Pacific	CLINIC SUPP	84,073	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	316,708	WIRE TRANS		N/A	N/A
			PRO GRAM SUPPO RT	847,103	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	237,889	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	475,000	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	243,731	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	62,067	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	15,751	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	17,645	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	15,187	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	56,861	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	77,513	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	·	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP		WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	45,967	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	63,866	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	64,994	WIRE TRANS		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	CLINIC SUPP	62,193	WIRE TRANS		N/A	N/A
		Sub-Saharan Africa	CLINIC SUPP	70,400	WIRE TRANS		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	25,000	check		n/a	n/a
		North America	RESEARCH	14,529	check		n/a	n/a
		Europe/Iceland/Greenland	RESEARCH	21,000	CHECK/WIRE		N/A	N/A
		Russia	RESEARCH	9,814	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	237,493	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	583,851	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	5,300	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	12,500	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	35,200	CHECK/WIRE		N/A	N/A
		Sub-Saharan Africa	RESEARCH	73,561	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	154,014	CHECK/WIRE		N/A	N/A
		East Asia/Pacific	RESEARCH	78,110	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	277,789	CHECK/WIRE		N/A	N/A
		East Asia/Pacific	RESEARCH	30,875	CHECK/WIRE		N/A	N/A
		Sub-Saharan Africa	RESEARCH	847,564	CHECK/WIRE		N/A	N/A
		South Asia	RESEARCH	9,199	CHECK/WIRE		N/A	N/A
		East Asia/Pacific	RESEARCH	19,406	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	63,665	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	5,400	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	5,400	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	16,874	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	10,503	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	14,115	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	65,000	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	9,720	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	5,600	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	24,124	CHECK/WIRE		N/A	N/A
		Sub-Saharan Africa	RESEARCH	28,980	CHECK/WIRE		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
	, ,	Europe/Iceland/Greenland	RESEARCH	1,118,054	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	6,700	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	28,546	CHECK/WIRE		N/A	N/A
		Sub-Saharan Africa	RESEARCH	9,199	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	6,480	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	24,840	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	25,000	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	158,782	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	5,800	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	151,460	CHECK/WIRE		N/A	N/A
		South Asia	RESEARCH	89,332	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	170,000	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	9,720	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	151,038	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	6,480	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	28,836	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	26,550	CHECK/WIRE		N/A	N/A
		South Asia	RESEARCH	12,271	CHECK/WIRE		N/A	N/A
		East Asia/Pacific	RESEARCH	30,175	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	57,745	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	219,512	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	77,760	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	25,183	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	48,230	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	46,065	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	17,700	CHECK/WIRE		N/A	N/A
-		Europe/Iceland/Greenland	RESEARCH	22,750	CHECK/WIRE		N/A	N/A
		Sub-Saharan Africa	RESEARCH	24,809	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	42,533	CHECK/WIRE		N/A	N/A
		Europe/Iceland/Greenland	RESEARCH	80,000	CHECK/WIRE		N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH	25,703	CHECK/WIRE		N/A	N/A
	Ţ	North America	RESEARCH	22,160	CHECK/WIRE		N/A	N/A
		North America	RESEARCH	109,664	CHECK/WIRE		N/A	N/A
	Ţ	North America	RESEARCH	16,500	CHECK/WIRE		N/A	N/A

Form 990 Schedule F I	Part III - Grants and I	Assistance t	o Individuals Out	side The U S			
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non- cash assistance	(h) Method of valuation (book, FMV , appraisal, other)
PROGRAM SUPPORT	Cent A merica/Caribbean	35	46,605	CHECK/DEPOS		N/A	N/A
RESEARCH SUPPORT	Cent A merica/Caribbean	2	2,035	CHECK/DEPOS		N/A	N/A
JOURNALISM PRIZE	Cent A merica/Caribbean	1	5,000	CHECK		N/A	N/A
PROGRAM SUPPORT	East Asia/Pacific	184	409,583	СНЕСК		N/A	N/A
CONFERENCE	East Asia/Pacific	1	1,683	СНЕСК		N/A	N/A
TRAVEL SUPPORT	East Asia/Pacific	18	57,030	СНЕСК		N/A	N/A
RESEARCH SUPPORT	East Asia/Pacific	9	93,538	CHECK/CREDIT		N/A	N/A
HONORARIUM	East Asia/Pacific	1	210	WIRE		N/A	N/A
GRADUATION PRIZE	East Asia/Pacific	4	14,501	СНЕСК		N/A	N/A
MEETING EXPENSES	East Asia/Pacific	13	12,455	СНЕСК		N/A	N/A
Program Support	Europe/Iceland/Greenland	245	410,295	CHECK/WIRE		N/A	N/A
SCHOLARSHIP	Europe/Iceland/Greenland	4.0	99,300	CREDIT ACCT		N/A	N/A
CONFERENCE	Europe/Iceland/Greenland	2-	23,024	СНЕСК		N/A	N/A
TRAVEL SUPPORT	Europe/Iceland/Greenland	220	450,555	CHECK/WIRE		N/A	N/A
RESEARCH SUPPORT	Europe/Iceland/Greenland	2-	130,189	CHECK/CREDIT		N/A	N/A
Honorarium	Europe/Iceland/Greenland	4-1	64,288	CHECK/WIRE		N/A	N/A
FACULTY STIPEND	Europe/Iceland/Greenland		1,000	CASH		N/A	N/A
GRADUATION PRIZE	Europe/Iceland/Greenland		26,522	СНЕСК		N/A	N/A
MEETING EXPENSES	Europe/Iceland/Greenland		25,793	СНЕСК		N/A	N/A
JOURNALISM PRIZE	Europe/Iceland/Greenland		15,000	СНЕСК			N/A
	Middle East/North Africa	61	109,667	CHECK/WIRE			N/A
TRAVEL SUPPORT	Middle East/North Africa	1	423	СНЕСК		N/A	N/A
RESEARCH SUPPORT	Middle East/North Africa	11	40,948	CHECK/CREDIT		N/A	N/A
	Middle East/North Africa	1	1,934	CHECK		N/A	N/A
PROGRAM SUPPORT	North America	57	35,908	CHECK/WIRE		N/A	N/A
CONFERENCE	North America	5	1,993	СНЕСК		N/A	N/A
TRAVEL SUPPORT	North America	8	5,076	CHECK/WIRE		N/A	N/A
RESEARCH SUPPORT	North America	3	4,902	CHECK/CREDIT		N/A	N/A
MEETING EXPENSES	North America	13	9,898	СНЕСК		N/A	N/A
GRADUATE FELLO WSHIPS		1	10,000	СНЕСК		N/A	N/A
PROGRAM SUPPORT	Russia	20	31,912	CHECK/WIRE		N/A	N/A
Travel Support	Russia	11	27,125	dır dep/chec		N/A	N/A
PROGRAM SUPPORT	South America	121	284,716	CHECK/WIRE		N/A	N/A
SCHOLARSHIP	South America	1	1,000	CREDIT ACCT		N/A	N/A
CONFERENCE	South America	2	3,973	CHECK		N/A	N/A
TRAVEL SUPPORT	South America	5	12,617	СНЕСК		N/A	N/A
DECEARCH CHEROCOT	South America	4		CHECK/WIRE			N/A
Honorarium	South America	2		CHECK/WIRE			N/A
Journalism Prize	South America	1	·	СНЕСК			N/A
Graduate Fellowships	South America	5		CHECK/WIRE			N/A
PROGRAM SUPPORT	South Asia	113	·	CHECK/WIRE			n/a
travel support	South Asia	3	,	CHECK/WIRE			n/a
Research support	South Asia	6	·	CHECK/CREDIT			n/a
meeting expenses	South Asia	1	·	СНЕСК			N/A
Program Support	Sub-Saharan Africa	145	,	CHECK/WIRE			n/a
travel support		5	,	CHECK/WIRE			n/a
	Sub-Saharan Africa Sub-Saharan Africa	1	2,260				n/a
Tronorana	SUD-Sanaran Airica	<sup>-</sup> I	_,		1	''/"	11/4

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer id
THE TRUSTEES OF COLUMBIA UNIVERSITY	
IN THE CITY OF NEW YORK	13-559809

Employer identification number

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a Mail solicitations e Solicita
- **b** 🔽 Internet and e-mail solicitations
- c Phone solicitations
- d / In-person solicitations

- e 🔽 Solicitation of non-government grants
- f Solicitation of government grants
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of Individual or entity (fundraiser)	(ii) Activity	fundrais custo contribu Yes	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
RUFFALO CODY AND	CONSULTING	Yes	NO				
ASSOCIATES			No	991,774	454,049	537,725	
MARILYN SILVERSTEIN	CONSULTING		No	3,354,916	119,993	3,234,923	
MARTS AND LUNDY	CONSULTING		No	0	124,683	0	
RICHARD BOARDMAN	CONSULTING		No	15,100,000	36,632	15,063,368	
WILLIAM BOARDMAN	CONSULTING		No	15,544,684	49,592	15,495,092	
Total			<b>&gt;</b>	34,991,374	784,949	34,331,108	

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

NΥ

Pa	rt I	Fundraising Events. Com more than \$15,000 on Form					report	ted			
			(a) Event #1  ANNUAL DINNER (event type)	(b) Event #2  AWARDS DINNER (event type)	(c) O ther Events  34 (total number)	(d) Tot (Add col co					
₽	1	Gross receipts	1,343,520	702,975	3,064,504		5,11	0,999			
Revenue	2	Less Charitable contributions	1,248,870	594,525	2,406,569		4,24	9,964			
	3	Gross income (line 1 minus line 2)	94,650	108,450	657,935		86	1,035			
	4	Cash prizes	C	0	0			0			
မာ	5	Non-cash prizes	997	6,145				7,142			
anse.	6	Rent/facility costs	C	1,858				1,858			
Expenses	7	Food and beverages	246,016	128,409			37	4,425			
Direct	8	Entertainment	C	100				100			
ā	9	Other direct expenses .	18,221	104,381	657,935		78	0,537			
	10 Direct expense summary Add lines 4 through 9 in column (d)										
	11	Net income summary Combine li	nes 3, column d, and line	10			-30	3,027			
Par	t II	<b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	ו			
Revenue			(a) Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co					
	1	Gross revenue									
စ္တ	2	Cash prizes									
Expenses	3	Non-cash prizes									
	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteer labor	┌ Yes <u>%</u>	Г Yes	┌ Yes						
	7	Direct expense summary Add line  Net gaming income summary Com									
		,	, ,			<b>'</b>	Yes	No			
9 a	Is	ter the state(s) in which the organization licensed to operate			<del></del> .	. 9a					
Ь		"No," Explain									
10a b		ere any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a					
11 12	Is	the organization operate gaming the organization a grantor, beneficia med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	. 11					
					Schedule G (Form 9		EZ) 20	09			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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OMB No 1545-0047

DLN: 93493136071161

Department of the Treasury

Internal Revenue Service

Schedule I

(Form 990)

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

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

**Inspection** 

Name of the organization						Employer identificati	on number	
THE TRUSTEES OF COLUMBIA UNIVIN THE CITY OF NEW YORK	VERSITY					13-5598093		
Part I General Informatio	n on Grants and	l Assistance						
Does the organization maintain the selection criteria used to aw Describe in Part IV the organiza	ard the grants or as	sıstance?					「▼Yes 「I	
Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
See Additional Data Table								
2 Enter total number of section 50						_	283	
3 Enter total number of other orga	nızatıons	<u></u> .	<u></u>	<u></u>	· · · · ·	<u> </u>	0	

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STUDENT TUITION GRANTS AND SCHOLARSHIPS	22303	332,210,420	0	N/A	N/A
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS		THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF THE USE OF SPONSORED PROJECT GRANT FUNDING BY SUBRECIPIENTS THE POLICY MANDATES MONITORING IN TWO AREAS (A) SUBRECIPIENT INSTITUTION COMPLIANCE WITH THE AUDITING REQUIREMENTS OF OMB CIRCULAR A-133, AND (B) SUBRECIPIENT INSTITUTION'S APPROPRIATE MANAGEMENT OF SUBAWARD THE UNIVERSITY'S SPONSORED PROJECTS FINANCE GROUP COLLECTS A-133 REPORTS FROM SUBRECIPIENT INSTITUTIONS, AND THE PRINCIPAL INVESTIGATORS CARRY OUT THE SECOND TYPE OF MONITORING, PRINCIPALLY BY - ROUTINELY GATHERING AND REVIEWING TECHNICAL PERFORMANCE REPORTS, - ROUTINELY REVIEWING INVOICES AND EXPENSES RELATIVE TO BUDGET, - CONDUCTING PERIODIC ON-SITE VISITS, WHEN NECESSARY, AND - INITIATING AUDITS, WHEN NECESSARY

Software ID: Software Version:

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
LONG ISLAND UNIVERSITY BROOKLYN CAMPUS 77 MASSACHUSETTS AVE 39-321 BROOKLYN,NY 11201	00-0144930	501(c)(3)	8,431		N/A	N/A	RESEARCH	
UNIVERSITY OF TEXAS SOUTHWESTERNPO BOX 841765 GRANTS ACCTING DALLAS,TX 75284	00-0155944	501(c)(3)	66,907		N/A	N/A	RESEARCH	
TREASURY STATE OF MAINEDEPT OF CONSERVATION 22 STATE HOUSE STATION AUGUSTA, ME 04333	01-6000001	501(c)(3)	19,102		N/A	N/A	RESEARCH	
UNIVERSITY OF MAINE 5717 CORBETT HALL ROOM 400 OFF RES SPON PROGRAMS ORONO,ME 04469	01-6000769	501(c)(3)	146,628		N/A	N/A	RESEARCH	
UNIVERSITY OF NEW HAMPSHIREOFFICE OF SPONSORED RESEARCH SERVICE BUILDING ROOM 109 DURHAM,NH 03824	02-6000937	501(c)(3)	90,646		N/A	N/A	RESEARCH	
UNIVERSITY OF VERMONT PO BOX 1389 SERVICE BUILDING ROOM 109 BURLINGTON, VT 05405	03-0179440	501(c)(3)	39,113		N/A	N/A	RESEARCH	
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE89 BEAUMONT AVE SERVICE BUILDING ROOM 109 BURLINGTON, VT 05405	03-0219309	501(c)(3)	55,581		N/A	N/A	RESEARCH	
NORTHEASTERN UNIVERSITY360 HUNTINGTON AVE GIVEN E-109 BOSTON,MA 02115	04-1679980	501(c)(3)	22,780		N/A	N/A	RESEARCH	
BOSTON UNIVERSITY GRANT AND CONTRACT ACCOUNTING 25 BUICK STREET BOSTON, MA 02215	04-2103547	501(c)(3)	758,961		N/A	N/A	RESEARCH	
HARVARD UNIVERSITYPO BOX 415649 HARVARD COLLEGE BOSTON,MA 02241	04-2103580	501(c)(3)	447,957		N/A	N/A	RESEARCH	

Form 990,Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVENUE CASHIERS OFFICE NE49- 3077 CAMBRIDGE, MA 02139	04-2103594	501(c)(3)	797,021		N/A	N/A	RESEARCH
TUFTS UNIVERSITY169 HOLLAND STREET SPONSORED PROGRAMS ACCOUNTING SOMERVILLE, MA 02144	04-2103634	501(c)(3)	185,207		N/A	N/A	RESEARCH
WOODS HOLE OCEANOGRAPHIC INSTITUTE569 WOODS HOLE ROAD ACCOUNTS RECEIVABLE MS14 WOODS HOLE, MA 02543	04-2105850	501(c)(3)	509,859		N/A	N/A	RESEARCH
EDUCATION DEVELOPMENT CENTER INC55 CHAPEL ST ROOM 262 NEWTON,MA 02458	04-2241718	501(c)(3)	87,335		N/A	N/A	RESEARCH
DANA FARBER CANCER INSTITUTE44 BINNEY ST CLS 11144 BOSTON, MA 02115	04-2263040	501(c)(3)	142,683		N/A	N/A	RESEARCH
BRIGHAM AND WOMENS HOSPITALPO BOX 3887 BOSTON,MA 02241	04-2312909	501(c)(3)	236,597		N/A	N/A	RESEARCH
JSI RESEARCH AND TRAINING INSTITUTE44 FARNSWORTH STREET BOSTON, MA 02210	04-2679824	501(c)(3)	370,640		N/A	N/A	RESEARCH
MASSACHUSETTS GENERAL HOSPITALPO BOX 3829 DBA MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA 02241	04-2697983	501(c)(3)	262,398		N/A	N/A	RESEARCH
MASSACHUSETTS GENERAL HOSPITALPO BOX 414876 BOSTON, MA 02241	04-2807148	501(c)(3)	16,478		N/A	N/A	RESEARCH
NEW ENGLAND RESEARCH INSTITUTE INC9 GALEN ST WATERTOWN, MA 02172	04-2919509	501(c)(3)	47,415		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) **UMASS AMHERST140** 04-3167352 501(c)(3) N/A RESEARCH N/A HICKS WAY 45,401 405 GOODELL BUILDING AMHERST, MA 01003 04-3314093 N/A BOSTON MEDICAL CENTER 501(c)(3) N/A RESEARCH CORPORATIONPO BOX 58,020 845700 RESEARCH AND SERV **GRANTS ADMIN** BOSTON, MA 02284 **BROWN UNIVERSITYPO** RESEARCH 05-0258804 501(c)(3) N/A N/A BOX 1911 78,670 CASHIERS OFFICE PROVIDENCE, RI 02912 RESEARCH **BROWN UNIVERSITYPO** 05-0258809 501(c)(3) N/A N/A BOX 1911 18,335 PROVIDENCE, RI 02912 05-1159436 501(c)(3) N/A CATHOLIC MEDICAL N/A RESEARCH MISSION BD10 WEST 17TH 169,240 STREET NEW YORK, NY 10011 06-0646766 RESEARCH HOSPITAL FOR SPECIAL 501(c)(3) N/A N/A CARE2150 CORBIN 146,974 AVENUE NEW BRITAIN, CT 06053 YALE UNIVERSITYPO BOX 06-0646973 501(c)(3) N/A N/A RESEARCH 1873 2,987,202 GRANTS CONTRACT FINANCIAL NEW HAVEN, CT 06508 06-0706038 N/A BERMUDA INSTITUTE OF 501(c)(3) N/A RESEARCH OCEAN SCIENCESPO BOX 124,411 604 C/O BURKE HERBERT BANK ALEXANDRIA, VA 22313 SAVE THE CHILDREN 06-0726487 501(c)(3) N/A RESEARCH N/A FEDERATION54 WILTON 800,796 ROAD WESTPORT, CT 06880 POLYTECHNIC 11-1630820 501(c)(3) N/A RESEARCH N/A UNIVERSITYPO BOX 353 123,286 SIX METROTECH CENTER BROOKLYN, NY 11201

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NY COLLEGE OF OSTEOPATHIC MEDICINE SECOND FLOOR SUITE 205 OLD WESTBURY,NY 11568	11-1788788	501(c)(3)	20,912		N/A	N/A	RESEARCH	
COLD SPRING HARBOR LAB 1 BUNGTOWN RD OLD WESTBURY COLD SPRING HARBOR, NY 11724	11-2013303	501(c)(3)	580,952		N/A	N/A	RESEARCH	
ECONOMIC OPPORTUNITY COMM134 JACKSON STREET HEMPSTEAD,NY 11550	11-2195458	501(c)(3)	254,171		N/A	N/A	RESEARCH	
FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH350 community drive Manhasset,NY 11030	11-2673595	501(c)(3)	6,200		N/A	N/A	RESEARCH	
QUEENS COMPREHENSIVE 111-06 MERRICK BLVD JAMAICA,NY 11433	11-2870422	501(c)(3)	284,531		N/A	N/A	RESEARCH	
SUFFOLK COUNTY475 EAST MAIN STREET SUITE 207 PATCHOGUE,NY 11772	11-2978393	501(c)(3)	258,757		N/A	N/A	RESEARCH	
MERIDIAN VISION66 WITHERSPOON STREET PMB 100 PRINCETON,NJ 08542	11-3736911	. 501(c)(3)	15,904		N/A	N/A	research	
UMDNJ NJMS185 SOUTH ORANGE AVE MSB 1-538 NEWARK,NJ 07103	12-2177530	501(c)(3)	7,050		N/A	N/A	RESEARCH	
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P-221 FRANKLIN BUILDING PHILADELPHIA, PA 19104	12-3125268	501(c)(3)	259,070		N/A	N/A	RESEARCH	
NEW YORK MEDICAL COLLEGE40 SUNSHINE COTTAGE RD UNIVERSITY REGISTRAR- ROOM 127 VALHALLA,NY 10595	13-1099420	501(c)(3)	15,787		N/A	N/A	RESEARCH	

Form 990,Schedule I, Part	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 525 EAST 68TH ST F2008 NEW YORK, NY 10021	13-1623977	501(c)(3)	66,981		N/A	N/A	RESEARCH
CORNELL UNIVERSITY MEDICAL COLLEGE575 LEXINGTON AVENUE 9TH FLOOR NEW YORK, NY 10022	13-1623978	501(c)(3)	1,869,308		N/A	N/A	RESEARCH
MOUNT SINAI MEDICAL CENTERONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK, NY 10029	13-1624096	501(c)(3)	36,100		N/A	N/A	RESEARCH
HOSPITAL FOR SPECIAL SURGERY535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501(c)(3)	471,072		N/A	N/A	RESEARCH
ROCKEFELLER UNIVERSITY 1230 YORK AVE BOX 259 NEW YORK, NY 10065	13-1624158	501(c)(3)	1,938,169		N/A	N/A	RESEARCH
TEACHERS COLLEGE525 W 120TH ST BOX 21 NEW YORK, NY 10027	13-1624202	501(c)(3)	274,059		N/A	N/A	RESEARCH
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BELFER BLDG ROOM 1108 BRONX,NY 10461	13-1624225	501(c)(3)	2,251,496		N/A	N/A	RESEARCH
BARNARD COLLEGE3009 BROADWAY 015 MILLBANK HALL NEW YORK, NY 10027	13-1628149	501(c)(3)	462,502		N/A	N/A	RESEARCH
NATIONAL BUREAU OF ECONOMIC RESEARCH IN 1050 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	13-1641075	501(c)(3)	111,043		N/A	N/A	RESEARCH
NEW YORK ACADEMY OF MEDICINE1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(c)(3)	459,531		N/A	N/A	RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW YORK BOTANICAL GARDENS2900 SOUTHERN BLVD BRONX,NY 10458	13-1693134	501(c)(3)	20,525		N/A	N/A	RESEARCH			
CARE151 ELLIS ST ATLANTA,GA 30303	13-1685039	501(c)(3)	1,265,937		N/A	N/A	RESEARCH			
HHAR5901 PALISADE AVE RIVERDALE,NY 10471	13-1739971	501(c)(3)	157,181		N/A	N/A	RESEARCH			
MONTEFIORE MEDICAL CENTERGPO 29581 NEW YORK, NY 10087	13-1740114	501(c)(3)			N/A	N/A	RESEARCH			
MEMORIAL SLOAN KETTERINGPO BOX 26338 GENERAL POST OFFICE NEW YORK, NY 10087	13-1924236	501(c)(3)	398,204		N/A	N/A	RESEARCH			
NY BLOOD CENTER INCPO BOX 9674 ACCOUNTS REC DEPT UNIONDALE, NY 11553	13-1949477	501(c)(3)	1,665,033		N/A	N/A	RESEARCH			
BRONX LEBANON HOSPITAL CENTER1276 FULTON AVE BRONX,NY 10456	13-1974191	501(c)(3)	661,197		N/A	N/A	RESEARCH			
RES FOUND OF CUNY230 WEST 41ST STREET 7TH FLOOR NEW YORK, NY 10036	13-1988190	501(c)(3)	1,294,404		N/A	N/A	RESEARCH			
WILDLIFE TRUST460 WEST 34TH STREET 17TH FLOOR NEW YORK, NY 10001	13-1726494	501(c)(3)	400,000		N/A	N/A	RESEARCH			
HIP55 WATER STREET NEW YORK, NY 10041	13-1828429	501(c)(3)	36,625		N/A	N/A	RESEARCH			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) THE CV STARR RES FOUND 13-2879769 501(c)(3) N/A RESEARCH N/A 41 COOPER SQUARE 32,500 **SUITE 205** NEW YORK, NY 10003 N/A ST LUKES ROOSEVELT 13-2914343 501(c)(3) N/A RESEARCH HOSPITAL555 WEST 57TH 125,886 STREET 5 FL FINANCE SERVICE NEW YORK, NY 10019 13-2654926 501(c)(3) N/A N/A RESEARCH NATURAL RESOURCES **DEFENSE COUNCIL40** 15,000 WEST 20TH ST NEW YORK, NY 10011 ST LUKES ROOSEVELT 13-2999730 501(c)(3) N/A N/A RESEARCH HOSPITAL555 W 57TH ST 1,126,423 FUND ACCOUNTING DEPT NEW YORK, NY 10019 13-3020576 501(c)(3) N/A N/A RESEARCH CICATELLI ASSOCIATES INC505 8TH AVE 447,145 16TH FLOOR NY, NY 10018 NEW SCH UNIV80 FIFTH 13-3297197 RESEARCH 501(c)(3) N/A N/A AVENUE 4TH FLOOR 60,951 OFFICE OF FINANCE BUSINESS NEW YORK, NY 10011 RESEARCH ALIANZA DOMINICANA 13-3402057 501(c)(3) N/A N/A INC2410 AMSTERDAM AVE 193,541 NEW YORK, NY 10033 UNIV PLAY SYS INC1 13-2731153 501(c)(3) N/A N/A RESEARCH MADISON AVENUE 988,652 LARCHMONT, NY 10538 HARLEM UNITED 13-3461695 501(c)(3) N/A N/A RESEARCH COMMUNITY AIDS CENTER 174,137 123-125 WEST 124TH STREET NEW YORK, NY 10027 ISABELLA GERIATRIC 13-3623808 N/A N/A RESEARCH 501(c)(3) CENTER515 AUDUBON 75,703 AVENUE HEALTH CAREER PARTNERSHIP NEW YORK, NY 10040

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
COMMUNITY RESOURCE INITIATIVE230 WEST 38TH STREET 17TH FLOOR NEW YORK, NY 10018	13-3632234	501(c)(3)	39,169		N/A	N/A	RESEARCH	
NORTHERN MANHATTAN PERINATAL127 WEST 127TH STREET NEW YORK, NY 10027	13-3782555	501(c)(3)	15,000		N/A	N/A	RESEARCH	
W HARLEM ENVIRONMENTAL ACTION 1638 AMSTERDAM AVENUE 17TH FLOOR NY,NY 10031	13-3800068	501(c)(3)	69,486		N/A	N/A	RESEARCH	
NY PRESBYTERIAN HOSPITAL525 EAST 68TH STREET BOX 156 NEW YORK, NY 10021	13-3957095	501(c)(3)	79,312		N/A	N/A	RESEARCH	
ST VINCENT CATHOLIC MEDICAL CENTER450 WEST 33RD STREET 12TH FLOOR NEW YORK, NY 10011	13-4077996	501(c)(3)	85,164		N/A	N/A	RESEARCH	
NEW YORK MED ALLIANCE 1400 PELHAM PARKWAY S BLD 1 3C15 ACP BRONX,NY 10461	13-4169311	501(c)(3)	26,114		N/A	N/A	RESEARCH	
NEW YORK UNIVERSITY838 BROADWAY 4TH FLOOR SPONSORED PROGRAMS ACCOUNTING NEW YORK, NY 10003	13-5562308	501(c)(3)	259,155		N/A	N/A	RESEARCH	
NEW YORK UNIVERSITY SCHOOL OF MEDICINEPO BOX 415026 BOSTON, MA 02241	13-5562309	501(c)(3)	1,298,454		N/A	N/A	RESEARCH	
ST VINCENTS HOSPITAL MEDICAL CENTER170 WEST 12TH STREET SANBORN BUILDING SUITE 1413 NEW YORK, NY 10011	13-5562343	501(c)(3)	117,640		N/A	N/A	RESEARCH	
BK STREET COLLEGE OF EDUCATION610 W 112 ST NEW YORK, NY 10025	13-5562167	501(c)(3)	26,070		N/A	N/A	RESEARCH	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) INTERNATIONAL RESCUE 13-5660870 501(c)(3) N/A N/A RESEARCH COMMITTEE122 E 42ND ST 2,199,000 NEW YORK, NY 10168 PUB HEALTH SOLUTIONS 13-5669201 501(c)(3) N/A N/A RESEARCH INC220 CHURCH STREET 147,025 5TH FLOOR NEW YORK, NY 10013 AMERICAN MUSEUM OF 13-6162659 501(c)(3) N/A N/A RESEARCH NATURAL HISTORY79TH ST 13,797 AT CENTRAL PARK WEST NEW YORK, NY 10024 MOUNT SINAI SCHOOL OF 13-6171197 RESEARCH 501(c)(3) N/A N/A MEDICINEONE GUSTAVE L 1,326,533 LEVY PLACE BOX 1075 NEW YORK, NY 10029 NYC DEPT HEALTH AND 13-6400434 501(c)(3) N/A N/A RESEARCH MENTAL HYGIENE125 136,989 WORTH ST - ROOM 204 NEW YORK, NY 10013 N/A HENRY FORD HEALTH 13-8125702 501(c)(3) N/A RESEARCH SYSTEMONE FORD PLACE 88,708 5EF DETROIT, MI 48202 ALBANY MEDICAL 14-1338310 501(c)(3) N/A N/A RESEARCH **COLLEGE47 NEW** 549,125 SCOTLAND AVE SPONSORED PROGRAMS MC-107 ALBANY, NY 12208 14-1340095 N/A RENSSELAER 501(c)(3) N/A RESEARCH POLYTECHNIC INSTPO 46,186 BOX 33375 HARTFORD, CT 06150 RES FOUND OF STATE 14-1368361 501(c)(3) N/A N/A RESEARCH UNIVERSITY OF NYPO BOX 4,064,439 CASH RECEIPT DEPT ALBANY, NY 12201 HEALTH RESEARCH INC150 14-1402155 501(c)(3) N/A RESEARCH N/A BROADWAY 1,229,653 SUITE 560 MENANDS, NY 12204

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance organization grant cash or assistance or government assistance (book, FMV, appraisal, other) N/A N/A RES FOUND FOR MENTAL 14-1410842 501(c)(3) RESEARCH HYGIENE150 BROADWAY 2,808,483 SUITE 301 MENANDS, NY 12204 14-1717344 501(c)(3) N/A N/A RESEARCH CLINICAL DIRECTORS NETWORK INC5 WEST 37TH 229,745 STREET 10TH FLOOR NEW YORK, NY 10018 VASSAR COLLEGE124 14-1338587 501(c)(3) N/A N/A RESEARCH RAYMOND AVENUE 6,035 BO X 12 POUGHKEEPSIE, NY 12604 N/A CORNELL UNIVERSITYPO 15-0532082 501(c)(3) N/A RESEARCH BO X 22 573,443 ITHACA, NY 14851 JOHNS HOPKINS 15-2059511 501(c)(3) N/A N/A RESEARCH UNIVERSITY12529 463,455 COLLECTIONS CENTER DRIVE CENTRAL LOCKBOX C/O **BANK OF AMERICA** CHICAGO, IL 60693 UNIVERSITY OF 16-0743209 501(c)(3) N/A N/A RESEARCH ROCHESTER910 GENESEE 124,930 OFFICE OF RESEARCH ACCTING ROCHESTER, NY 14611 16-1332044 N/A N/A RESEARCH WOMEN AND CHILDRENS 501(c)(3) HOSPITAL OF BUFFALO 66,753 FOUNDATION726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 14-6013200 N/A RFMH722 W 168TH ST 501(c)(3) N/A RESEARCH NEW YORK, NY 10032 17,350 20-2249239 N/A N/A RESEARCH CARDIOVASCULAR 501(c)(3) CONSULTANTS7421 N 13,520 UNIVERSITY DRIVE SUITE 101 TAMARAC, FL 33321 N/A N/A MILLENNIUM PROMISE432 20-3042135 501(c)(3) RESEARCH PARK AVENUE SOUTH 13,612 NEW YORK, NY 10016

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DM STAT MP INCONE SALEM STREET SUITE 300 MALDEN,MA 02148	20-2981457	501(c)(3)	7,078		N/A	N/A	RESEARCH
PARTNERSHIP FOR SUPPLY CHAIN M1616 N FORT MEYER DRIVE 12TH FLOOR ARLINGTON,VA 22209	20-3258654	501(c)(3)	10,881		N/A	N/A	RESEARCH
COOPER HEALTH SYSTEM3 COOPER PLAZA SUITE 220 CAMDEN,NJ 08103	21-0634462	501(c)(3)	256,893		N/A	N/A	RESEARCH
PRINCETON UNIVERSITY5 NEW SOUTH BUILDING PO BOX 5292 PRINCETON,NJ 08544	21-0634501	501(c)(3)	47,504		N/A	N/A	RESEARCH
BRANDEIS UNIVERSITYPO BOX 549110 MS 144 WALTHAM,MA 02454	21-2103552	501(c)(3)	316,084		N/A	N/A	RESEARCH
VALLEY HOSPITAL223 NORTH VAN DIEN AVENUE RIDGEWOOD,NJ 07450	22-1487307	501(c)(3)	52,091		N/A	N/A	RESEARCH
SAINT PETERS UNIVERSITY HOSPITAL254 EASTON AVENUE 4TH FLOOR MOB ROOM 4010 NEW BRUNSWICK, NJ 08901	22-1487330	501(c)(3)	353,859		N/A	N/A	RESEARCH
CARNEGIE HALL IMAGING FOR WOMEN1245 MADISON AVENUE NEW YORK, NY 10128	20-3492938	501(c)(3)	16,022		N/A	N/A	RESEARCH
RARITAN BAY MEDICAL CENTER530 NEW BRUNSWICK AVENUE PERT AMBOY,NJ 08861	22-1494442	501(c)(3)	49,000		N/A	N/A	RESEARCH
UNIVERSITY OF MEDICINE AND DENTISTRY335 GEORGE ST PO BOX 2685 LIBERTY PLAZA NEW BRUNSWICK, NJ 08903	22-1775306	501(c)(3)	3,664,723		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) LIBERTY SCI CTR222 22-2302253 501(c)(3) N/A N/A RESEARCH JERSEY CITY BLVD 16,073 JERSEY CITY, NJ 07305 ROWAN UNIVERSITY201 22-2764819 N/A N/A RESEARCH 501(c)(3) MULLICA HILL RD 65,092 GLASSBORO, NJ 08028 22-3849199 501(c)(3) N/A N/A RESEARCH WAKE FOREST UNIVERSITY HSMEDICAL CTR BLVD 11,473 4TH FL WATTINGTON HALL WINSTONSALEM, NC 27157 RUTGERS UNIVERSITY3 22-6001086 RESEARCH 501(c)(3) N/A N/A RUTGERS PLAZA 180,427 NEW BRUNSWICK, NJ 08901 23-1352166 CHILDRENS HOSPITAL OF 501(c)(3) N/A N/A RESEARCH PHILADELPHIAPO BOX 102,340 8500 LOCK BOX 1457 PHILADELPHIA, PA 19178 23-1365971 N/A TEMPLE UNIVERSITY1803 501(c)(3) N/A RESEARCH N BROAD STREET 27,043 CARNELL HALL PHILADELPHIA, PA 19122 TRUSTEES OF THE 23-1352685 501(c)(3) N/A N/A RESEARCH UNIVERSITY OF PA 3451 532,373 WALNUT ST P221 FRANKLIN BUILDING PHILADELPHIA, PA 19104 LEHIGH VALLEY HEALTH 23-1689692 501(c)(3) N/A N/A RESEARCH SERVICES2100 MACK BLVD 28,713 5TH FLOOR ALLENTOWN, PA 18103 N/A GEISINGER CLINIC100 23-6291113 501(c)(3) N/A RESEARCH NORTH ACADEMY AVENUE 5,500 WEIS CENTER FOR RESEARCH DANVILLE, PA 17822 ALBERT EINSTEIN MED 23-2664784 501(c)(3) N/A N/A RESEARCH COLLEGE5401 OLD YORK 13,700 **ROAD SUITE 363** SUITE 363/304 PHILADELPHIA, PA 19141

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC Code section (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applicable cash valuation non-cash assistance orassistance organization arant (book, FMV, appraisal, or government assistance other) N/A DREXEL UNIVERSITYPO 23-2979433 501(c)(3) N/A RESEARCH BOX 95000-1010 86.491 PHILADELPHIA, PA 19195 NDRI71 WEST 23RD 23-7009089 501(c)(3) N/A N/A RESEARCH STREET 76.497 8TH FLOOR NEW YORK, NY 10010 FRED HUTCHINSON 23-7156071 501(c)(3) N/A N/A RESEARCH CANCER RESEARCH 131,875 CENTER1100 FAIRVIEW AVEN PO BOX 19024 SEATTLE, WA 98109 PENN STATE UNIVERSITY 24-6000376 501(c)(3) N/A N/A RESEARCH 227 W BEAVER AVE STE 64,329 401 401 RIDER II BUILDING STATE COLLEGE, PA 16801 UNIVERSITY OF 25-0965591 N/A RESEARCH 501(c)(3) N/A PITTSBURGHPO BOX 94,471 371220 PITTSBURGH, PA 15251 501(c)(3) 25-0969449 N/A N/A RESEARCH CARNEGIE MELLON UNIVERSITYPO BOX 5,949 371032M PITTSBURGH, PA 15250 DUQUESNE UNIVERSITY 25-1035663 501(c)(3) N/A N/A RESEARCH 600 FORBES AVENUE 10,894 PITTSBURGH, PA 15282 PENNSYLVANIA HOSPITAL 31-1538725 501(c)(3) N/A N/A RESEARCH 330 S 9 STREET 9,540 PHILADELPHIA, PA 19107 BATTELLEDEPT L 998 31-4379427 501(c)(3) N/A N/A RESEARCH COLUMBUS, OH 43260 295,451 UNIVERSITY OF 31-6000989 501(c)(3) N/A N/A RESEARCH CINCINNATIPO BOX 361,772 691031 CINCINNATI, OH 45269

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (a) Name and address of (c) IRC Code section ıf applicable organization

organization or government		ıf applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	501(c)(3)	94,976		N/A	N/A	RESEARCH
APIC1275 K STREET NW SUITE 1000 WASHINGTON, DC 20009	23-7256856	501(c)(3)	10,600		N/A	N/A	RESEARCH
FAMILY HEALTH INTERNATIONALPO BOX 13950 RES TRIANGLE PK, NC 27709	23-7413005	501(c)(3)	498,297		N/A	N/A	RESEARCH
CARE GROUP LLC8333 NAAB ROAD SUITE 400 INDIANAPOLIS,IN 46260	35-2000276	501(c)(3)	25,200		N/A	N/A	RESEARCH
INDIANA UNIVERSITYPO BOX 66057 INDIANAPOLIS,IN 46266	35-6001673	501(c)(3)	579,624		N/A	N/A	RESEARCH
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO,IL 60673	35-6002041	501(c)(3)	86,997		N/A	N/A	RESEARCH
NORC AT THE UNIVERSITY OF CHICAGO 1155 EAST 60TH STREET CHICAGO,IL 60637	36-2187808	501(c)(3)	48,799		N/A	N/A	RESEARCH
NATIONAL OPINION RESEARCH CENTER55 EAST MONROE STREET 20TH FLOOR CHICAGO,IL 60603	36-2167808	501(c)(3)	740,779		N/A	N/A	RESEARCH
RUSH UNIVERSITY MEDICAL CENTER1700 WEST VAN BUREN FUND ACCOUNTING ROOM 277	36-2174823	501(c)(3)	117,185		N/A	N/A	RESEARCH

(h) Purpose of grant

277 CHICAGO,IL 60612 36-2177139 501(c)(3) RESEARCH UNIVERSITY OF CHICAGO N/A N/A 6054 SOUTH DREXEL 1,537,357 AVENUE

CHICAGO, IL 60637

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance orassistance organization grant cash (book, FMV, appraisal, or government assistance other) AMER REFUGEE COMM430 36-3241033 501(c)(3) N/A N/A RESEARCH OAK GROVE STREET 718,769 **SUITE 204** MINNEAPOLIS, MN 55403 NORTHERN ILLINOIS 36-6008480 501(c)(3) N/A N/A RESEARCH UNIVERSITYLOWDEN HALL 19,073 201 DEKALB, IL 60115 501(c)(3) UNIVERSITY OF ILLINOIS 37-6000511 N/A N/A RESEARCH AT CHICAGOPO BOX 370,651 20787 SPRINGFIELD, IL 62708 MICHIGAN STATE 38-6005984 501(c)(3) N/A N/A RESEARCH UNIVERSITY301 226,411 ADMINISTRATION BLDG EAST LANSING, MI 48824 UNIVERSITY OF MICHIGAN 38-6006309 501(c)(3) N/A N/A RESEARCH 3003 S STATE STREET 1,894,879 3089 WOLVERINE TOWER ANN ARBOR, MI 48109 39-0806261 N/A MEDICAL COLLEGE OF 501(c)(3) N/A RESEARCH WISCONSIN8701 8,492 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226 MAYO CLINIC200 1ST 41-6011702 501(c)(3) N/A N/A RESEARCH STREET SW 443,548 ROCHESTER, MN 55905 UNIVERSITY OF IOWAB5 42-6004813 501(c)(3) N/A N/A RESEARCH JESSUP HALL 223,104 IOWA CITY.IA 52242 N/A WA UNIVERSITY700 43-0653611 501(c)(3) N/A RESEARCH ROSEDALE AVENUE 486,196 CAMPUS BOX 1034 ST LOUIS, MO 63112 ST JOHNS MERCY HEALTH 43-0653493 501(c)(3) N/A N/A RESEARCH SYSTEM615 SOUTH NEW 43,636 BALLAS ROAD

ST LOUIS, MO 63141

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAZARENE COMPASSIONATE12351 W 96TH TERRACE SUIRE 100 LENEXA,KS 66215	43-1550318	501(c)(3)	309,597		N/A	N/A	RESEARCH
UNIVERSITY OF MO COLUMBIA ARPO BOX 807012 KANSAS CITY, MO 64180	43-6003859	501(c)(3)	80,431		N/A	N/A	RESEARCH
SANFORD RES USD2301 EAST 60TH STREET NORTH SIOUX FALLS,SD 57104	46-0450378	501(c)(3)	14,482		N/A	N/A	RESEARCH
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA,NE 68178	47-0376583	501(c)(3)	219,859		N/A	N/A	RESEARCH
ST LOUIS UNIVERSITY3700 WEST PINE MALL FUSZ MEMORIAL HALL SUITE 357 ST LOUIS,MO 63108	43-0654872	501(c)(3)	111,766		N/A	N/A	RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INST3901 RAINBOW BLVD A/P MAIL STOP 1039 KANSAS CITY, KS 66160	48-1108830	501(c)(3)	106,774		N/A	N/A	RESEARCH
UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	48-1278531	501(c)(3)	9,445		N/A	N/A	RESEARCH
ST LUKES FOUND CV CLINICAL RESEARCH4401 WORNALL ROAD KANSAS CITY, MO 64111	44-6014699	501(c)(3)	33,700		N/A	N/A	RESEARCH
CHRISTIANA CARE HEALTH SERVICES4735 OGLETOWN-STANTON ROAD MAP 2 SUITE 3203 NEWARK, DE 19713	51-0103684	501(c)(3)	814,102		N/A	N/A	RESEARCH
RETINA FOUND OF THE SOUTHWEST9900 NCENTRAL EXPRESSWAY SUITE 400 DALLAS,TX 75231	51-0151514	501(c)(3)	129,375		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(g) Description of (h) Purpose of grant (a) Name and address of (f) Method of ıfapplıcable grant cash valuation non-cash assistance or assistance organization or government assistance (book, FMV, appraisal, other) 51-0154068 501(c)(3) N/A N/A RESEARCH LOVELACE BIOMEDICAL AND ENV2425 35,447 RIDGECREST DR SE ALBUQUERQUE, NM 87108 MAGEE SCIENTIFIC1101 51-0620129 501(c)(3) N/A N/A RESEARCH COWPER STREET 69,943 BERKELEY, CA 94702 JOHNS HOPKINS 52-0595110 501(c)(3) N/A N/A RESEARCH UNIVERSITY1101 E 33RD 370,460 STREET

SUITE C200 BALTIMORE,MD 21218						
WA ADVENTIST STUDY SIT PO BOX 64147 BALTIMORE, MD 21264	52-1532556	501(c)(3)	27,550	N/A	N/A	RESEARCH
NEW AMER FOUND1899 L STREET NW SUITE 400 WASHINGTON, DC 20036	52-2096845	501(c)(3)	11,114	N/A	N/A	RESEARCH
MEDSTAR RESEARCH INSTITUTEBOX 632010 BALTIMORE,MD 21263	52-6056274	501(c)(3)	14,500	N/A	N/A	RESEARCH
UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(c)(3)	550,437	N/A	N/A	RESEARCH
GEORGE WASHINGTON UNIVERSITY44983 KNOLL SQUARE BUILDING II SECOND FLOOR ASHBURN,VA 20147	53-0196584	501(c)(3)	264,706	N/A	N/A	RESEARCH
GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057	53-0196603	501(c)(3)	442,159	N/A	N/A	RESEARCH
NATIONAL AERONAUTICS AND SPACE4800 OAK GROVE DRIVE PASADENA,CA 91109	53-0201509	501(c)(3)	90,000	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance organization arant cash or assistance or government assistance (book, FMV, appraisal, other) SMITHSONIAN INSTITUTE 53-0206027 501(c)(3) N/A N/A RESEARCH 24411 NETWORK PLACE 66,086 CHICAGO, IL 60673 **PATHFINDER** 53-0235320 501(c)(3) N/A N/A RESEARCH INTERNATIONAL9 GALEN 827,401 ST SUITE 217 WATERTOWN, MA 02472 54-0536100 CHILDFUND 501(c)(3) N/A N/A RESEARCH INTERNATIONAL USA 2821 32,188 **EMERYWOOD PARKWAY** PO BOX 26484 RICHMOND, VA 23261 N/A NATIONAL DENTAL 54-0315311 501(c)(3) N/A RESEARCH ASSOCIATION3517 16TH 33,000 STREET NW WASHINGTON, DC 20010 UNIVERSITY OF VIRGINIA 54-6001796 501(c)(3) N/A N/A RESEARCH PO BOX 400195 21,648 CHARLOTTESVILLE, VA 22904 **DUKE UNIVERSITY 2200** 56-0532129 501(c)(3) N/A N/A RESEARCH WEST MAIN STREET 38,911 SUITE 300 DURHAM, NC 27705 NORTH CAROLINA AT 56-6000007 501(c)(3) N/A N/A RESEARCH STATE UNIVERSITY 1601 E 326,438 MARKET STREET GREENSBORO, NC 27411 NC STATE UNIVERSITYPO 56-6000756 501(c)(3) N/A N/A RESEARCH BOX 7214 93,706 RALEIGH, NC 27695 UNIVERSITY OF NORTH 56-6001393 501(c)(3) N/A N/A RESEARCH CAROLINA104 AIRPORT 408,798 DRIVE CB 1350 CHAPEL HILL, NC 27599 THE UNIVERSITY OF 56-6001468 501(c)(3) N/A N/A RESEARCH NORTH CAROLINA AT 31,514 GREENSBOROPO BOX 26170 GREENSBORO, NC 27402

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (f) Method of (g) Description of ıfapplıcable organization grant cash valuation non-cash assistance or assistance

organization or government		ıf applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance ,	or assistance
EMORY UNIVERSITY1599 CLIFTON ROAD NE 4TH FLOOR MS 1599-001- 1BH ATLANTA, GA 30322	58-0566256	501(c)(3)	344,314		N/A	N/A	RESEARCH
CENTER FOR FETAL MED AND WOMEN6310 W SAN VINCENTE BLVD 510 LOS ANGELES,CA 90048	95-3865023	501(c)(3)	6,250		N/A	N/A	RESEARCH
UGA RES FOUND INC475 NORTH LUMPKIN STREET ATHENS,GA 30602	58-1353149	501(c)(3)	8,069		N/A	N/A	RESEARCH
MOREHOUSE SCHOOL OF MEDICINE720 WESTVIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(c)(3)	16,100		N/A	N/A	RESEARCH
GEORGIA STATE UNIVERSITYPO BOX 3999 ATLANTA,GA 30302	58-1845423	501(c)(3)	32,159		N/A	N/A	RESEARCH
UNIVERSITY OF MIAMIPO BOX 025405 MIAMI,FL 33102	59-0624458	501(c)(3)	951,827		N/A	N/A	RESEARCH
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ADM 147 TAMPA, FL 33620	59-3102112	501(c)(3)	139,986		N/A	N/A	RESEARCH
MAYO CLINIC JACKSONVILLE4500 SAN PABLO ROAD GRIFFIN MEDICAL RESEARCH JACKSONVILLE,FL 32224	59-3337028	501(c)(3)	132,409		N/A	N/A	RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6001874	501(c)(3)	241,323		N/A	N/A	RESEARCH
CLINICAL RES FOUND INC 800 ZORN AVENUE LOUISVILLE, KY 40206	61-1144514	501(c)(3)	10,000		N/A	N/A	RESEARCH

(h) Purpose of grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant valuation or assistance organization ıf applıcable arant cash non-cash assistance (book, FMV, appraisal, or government assistance other) UNIVERSITY OF KENTUCKY 61-6033693 501(c)(3) N/A N/A RESEARCH RES FOUNDPO BOX 931113 72,148 CLEVELAND, OH 44193 VANDERBILT UNIVERSITY 62-0476822 501(c)(3) N/A N/A RESEARCH MEDICAL CENTERDEPT AT 381,857 40303 ATLANTA, GA 31192 UNIVERSITY OF 62-6001636 501(c)(3) N/A N/A RESEARCH TENNESSEE210 STUDENT 96,760 SERV BLDG KNOXVILLE, TN 37996 63-6005396 501(c)(3) N/A N/A RESEARCH UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD 176,601 AVENUES AB 990 BIRMINGHAM, AL 35294 UNIVERSITY OF ARKANSAS 71-6003252 501(c)(3) N/A N/A RESEARCH PO BOX 1404 35,702 FAYETTEVILLE, AR 72702 TULANE UNIVERSITY800 72-0423889 501(c)(3) N/A N/A RESEARCH EAST COMMERCE RD 73,957 SUITE 203 HARAHAN, LA 70123 72-0702002 LSU HEALTH SCIENCES 501(c)(3) N/A N/A RESEARCH CENTER1501 KINGS 33.959 HIGHWAY 1-214 SHREVEPORT, LA 71103 LOUISIANA STATE 72-6000848 501(c)(3) N/A N/A RESEARCH UNIVERSITYOFFICE OF 44,442 ACCOUNTING SERVICES SPONSORED PROGRAM ACCOUNTING BATON ROUGE, LA 70803 SOUTHWEST RES INSTPO 74-1070544 501(c)(3) N/A N/A RESEARCH BOX 841671 71,510 DALLAS, TX 75284 UTHSCSA CDE7703 FLOYD 74-1586031 501(c)(3) N/A N/A RESEARCH CURL DR 27,521 MC 7930 SAN ANTONIO, TX 78229

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) WILLIAM S MIDDLETON 74-1612229 501(c)(3) N/A N/A RESEARCH MEM2500 OVERLOOK 15,208 TERRACE MADISON, WI 53705 BAYLOR COLLEGE OF 74-1613878 501(c)(3) N/A N/A RESEARCH MEDICINE1 BAYLOR PLAZA 390,931 MS 225 HOUSTON, TX 77030 501(c)(3) NATIONAL JEWISH HEALTH 74-2044647 N/A N/A RESEARCH PO BOX 17379 15,626 DENVER, CO 80217 UNIVERSITY OF ARIZONA 74-2652689 N/A N/A RESEARCH 501(c)(3) PO BOX 3520 272,109 TUCSON, AZ 85722 UNIVERSITY OF TEXAS AT 74-6000203 501(c)(3) N/A N/A RESEARCH AUSTINPO BOX 7159 488,752 AUSTIN, TX 78713 UNIVERSITY OF TEXAS 74-6000949 501(c)(3) N/A N/A RESEARCH MED BRANCHPO BOX 4786-239,165 750 HOUSTON, TX 77210 SOUTHERN METHODIST 75-0806689 501(c)(3) N/A N/A RESEARCH UNIVERSITYPO BOX 717,056 750259 DALLAS, TX 75275 75-3065445 N/A TRANSLATIONAL 501(c)(3) N/A RESEARCH GENOMICS RES INS445 N 265,588 FIFTH STREET SUITE 600 PHOENIX, AZ 85004 UNIVERSITY OF TEXAS AT 75-6000121 501(c)(3) N/A N/A RESEARCH ARLINGTONPO BOX 19136 1,156,291 ARLINGTON, TX 76019 UNIVERSITY OF TEXAS 75-6002868 501(c)(3) N/A N/A RESEARCH SOUTHWESTERN MEDPO 224,765 BOX 841765 OFFICE OF POST AWARD ADM

DALLAS, TX 75284

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address or organization or government	(B) EIN	if applicable	grant	(e) A mount of non- cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
PAIRE INCPO BOX V-38 PALO ALTO,CA 94304	77-0207331	501(c)(3)	30,959		N/A	N/A	RESEARCH
UNIVERSITY OF MA MED SCHOOL55 LAKE AVENUE NORTH WORCHESTER, MA 01605	82-5530000	501(c)(3)	20,000		N/A	N/A	RESEARCH
DENVER RES INST1055 CLERMONT STREET VAMC-151 DENVER,CO 80200	84-1392442	501(c)(3)	33,260		N/A	N/A	RESEARCH
ASPEN INSTITUTEONE DUPONT CIRCLE SUITE 700 WASHINGTON, DC 20036	84-0399006	501(c)(3)	60,226		N/A	N/A	RESEARCH
UNIVERSITY OF COLORADOPO BOX 238 OFFICE OF GRANTS CONTRACTS F428 DENVER, CO 80291	84-6000555	501(c)(3)	193,497		N/A	N/A	RESEARCH
DENVER HEALTH MEDICAL CENTERPO BOX 17093 DENVER,CO 80217	84-1343242	501(c)(3)	5,020		N/A	N/A	RESEARCH
UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	85-6000642	501(c)(3)	89,676		N/A	N/A	RESEARCH
ARIZONA STATE UNIVERSITYPO BOX 873503 TEMPE,AZ 85287	86-0196696	501(c)(3)	754,633		N/A	N/A	RESEARCH
UNIVERSITY OF UTAH201 S PRESIDENTS CIR RM 406 SALT LAKE CITY,UT 84112	87-6000525	501(c)(3)	16,546		N/A	N/A	RESEARCH
UNIVERSITY OF ARIZONA PO BOX 3520 SPONSORED PROJECTS SERVICES TUCSON, AZ 85722	86-6004791	501(c)(3)	126,462		N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applicable cash valuation non-cash assistance orassistance grant or aovernment assistance (book, FMV, appraisal, other) 88-0250268 501(c)(3) N/A SIERRA BIOMEDICAL RES N/A RESEARCH CORP1000 LOCUST 12.800 STREET RENO, NV 89502 AMERICAN DENTAL ED 91-1993281 501(c)(3) N/A N/A RESEARCH ASSOC1400 K STREET NW 8,000 **SUITE 1100** WASHINGTON, DC 20005 SEATTLE INSTITUTE1660 91-1452438 501(c)(3) N/A N/A RESEARCH S COLUMBIAN WAY 340,685 S-151F SEATTLE, WA 98108 UNIVERSITY OF 91-6001537 501(c)(3) N/A N/A RESEARCH WASHINGTON3917 698,551 UNIVERSITY WAY NE SEATTLE, WA 98105 SAN FRANCISCO STATE 93-1137247 501(c)(3) N/A N/A RESEARCH UNIVERSITY CARE1600 5,154 HOLLOWAY AVENUE STUDENT SERVICES BLDG 206 SAN FRANCISCO, CA 94132 OREGON HEALTH SCIENCE 93-1176109 N/A RESEARCH 501(c)(3) N/A UNIVERSITY2525 SW 143,101 FIRST AVE SUITE 220 PORTLAND, OR 97201 PORTLAND STATE 93-6001786 501(c)(3) N/A N/A RESEARCH UNIVERSITYPO BOX 751 5,110 **BUSINESS AFFAIRS** PORTLAND, OR 97207 KAISER FOUND RES INST 94-1105628 501(c)(3) RESEARCH N/A N/A 1800 HARRISON ST 16TH 263,485 FLR OAKLAND, CA 94612 94-1156365 STANFORD UNIVERSITYPO 501(c)(3) N/A N/A RESEARCH BOX 44253 32,538 SAN FRANCISCO, CA 94144 SRI INTLPO BOX 2767 94-1160950 501(c)(3) N/A N/A RESEARCH MENLO PARK, CA 94025 32,460

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF CA SANTA CRUZ1156 HIGH ST SANTA CRUZ,CA 95064	94-1539563	501(c)(3)	442,518		N/A	N/A	RESEARCH				
PUB HEALTH INST555 12TH STREET 10TH FLOOR OAKLAND,CA 94607	94-1646278	501(c)(3)	273,100		N/A	N/A	RESEARCH				
CHILDRENS HOSPITAL OF ORANGE455 SOUTH MAIN STREET ORANGE, CA 92868	95-2321786	501(c)(3)	9,020		N/A	N/A	RESEARCH				
NORTHERN CALIFORNIA INSTITUTE4150 CLEMENT STREET SAN FRANCISCO,CA 94121	94-3084159	501(c)(3)	272,959		N/A	N/A	RESEARCH				
REGENTS OF THE UNIVERSITY OF CALIFORNIA 2195 HEARST AVENUE ROOM 130 MC 1103 BERKELEY, CA 94720	94-6002123	501(c)(3)	38,242		N/A	N/A	RESEARCH				
UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVENUE ROOM 130 BERKELEY,CA 94720	94-6022123	501(c)(3)	190,295		N/A	N/A	RESEARCH				
REGENTS OF THE UNIVERSITY OF CALIFORNIAACCOUNTING OFFICE EMF BOX 0815 UNIV OF CA SAN FRANCISCO SAN FRANCISCO,CA 94143	94-6036493	501(c)(3)	358,290		N/A	N/A	RESEARCH				
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVISPO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(c)(3)	445,312		N/A	N/A	RESEARCH				
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA STREET SUITE 102 LOS ANGELES, CA 90089	95-1642394	501(c)(3)	99,371		N/A	N/A	RESEARCH				
CALIFORNIA INSTITUTE OF TECHNOLO GY1200 E CALIFORNIA BLVD MAIL CODE 117-15 PASADENA, CA 91125	95-1643307	501(c)(3)	250,604		N/A	N/A	RESEARCH				

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (g) Description of (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL 4650 SUNSET BOULEVARD LOS ANGELES,CA 90027	95-1690977	501(c)(3)	353,390		N/A	N/A	RESEARCH
RANDFILE 53174 LOS ANGELES,CA 90074	95-1958142	501(c)(3)	381,132		N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA IRVINE111 ACADEMY WAY SUITE 210 IRVINE,CA 92697	95-2226406	501(c)(3)	1,462,543		N/A	N/A	RESEARCH
BRENTWOOD BIOMEDICAL RES INST11301 WILSHIRE BLVD BLDG 114 ROOM 218 LOS ANGELES,CA 90073	95-4183712	501(c)(3)	24,592		N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD SUITE 107 LOS ANGELES,CA 90024	95-6006143	501(c)(3)	334,298		N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(c)(3)	185,060		N/A	N/A	RESEARCH
UNIVERSITY OF HAWAII 2530 DOLE STREET SAKAMAKI D200 HONOLULU,HI 96822	99-6000354	501(c)(3)	21,592		N/A	N/A	RESEARCH
FIDELITY CHARITABLE GIFT FUNDPO BOX 770001 CINCINNATI,OH 45277	11-0303001	501(C)(3)	100,000		N/A	N/A	DONOR ADVISED FUND
HARLEM CHILDRENS ZONE 35 E 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)(3)	250,000		N/A	N/A	DONOR ADVISED FUND
COMMUNITY IMPACT105 EARL HALL MC2010 2980 BROADWAY NEW YORK, NY 10027	13-3386904	501(C)(3)	50,000		N/A	N/A	DONOR ADVISED FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(g) Description of (h) Purpose of grant (f) Method of ıfapplıcable organization grant cash valuation non-cash assistance orassistance (book, FMV, appraisal, or government assistance other) N/A N/A THE BREARLY SCHOOL610 13-0623915 501(C)(3) DONOR ADVISED E 83RD STREET FUND 10,000 NEW YORK, NY 10028 THE BROOKINGS 53-0196577 501(C)(3) N/A N/A **DONOR ADVISED** FUND INSTITUTE1775 10,000 MASSACHUSETTS AVE NW WASHINGTON, DC 200362103 13-1782468 E01/C1/21 CITIZENS HOUSING AND ISED UND ISED UND ISED UND ISED UND ISED UND

CITIZENS HOUSING AND PLANNING COUNSEL42 BROADWAY SUITE 2010 NEW YORK, NY 10004	13-1782468	501(C)(3)	25,000	N/A	N/A	DONOR ADVISED FUND
COLUMBIA BARNARD HILLEL606 W 115TH STREET NEW YORK, NY 10025	23-7077182	501(C)(3)	25,000	N/A	N/A	DONOR ADVISED FUND
ETHICAL CULTURE FIELDSTON SCHOOL33 CENTRAL PARK WEST NEW YORK, NY 10023	13-3862529	501(C)(3)	10,000	N/A	N/A	DONOR ADVISED FUND
SETTLEMENT HOUSING FUND INC247 W 37TH STREET 4 FL NEW YORK, NY 10018	23-7078882	501(C)(3)	15,000	N/A	N/A	DONOR ADVISED FUND
LAKE WARAMAUG TASK FORCE INC19 SACKETT HILL ROAD WARREN,CT 06754	06-1063687	501(C)(3)	10,000	N/A	N/A	DONOR ADVISED FUND
LINCOLN CENTER FOR THE PERFORMING ARTSANNUAL FUND 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1847137	501(C)(3)	75,000	N/A	N/A	DONOR ADVISED FUND
OUT TO PLAY INC1560 BROADWAY SUITE 805 NEW YORK, NY 10035	56-2519908	501(C)(3)	15,000	N/A	N/A	DONOR ADVISED FUND

25,000

N/A

N/A

**DONOR ADVISED** 

FUND

13-3015230

WNYC160 VARICK STREET

NEW YORK, NY 10013

501(C)(3)

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ISLAND AFFORDABLE HOUSING FUND INCPO BOX 4769 VINEYARD HAVEN, MA 02568	04-3438639	501(C)(3)	80,000		N/A	N/A	DONOR ADVISED FUND			
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 191046284	23-1352685	501(C)(3)	1,000,000		N/A	N/A	DONOR ADVISED FUND			
ADULTS AND CHILDREN IN TRUST EARLY YEARS PROGRAM1047 AMSTERDAM AVENUE NEW YORK, NY 10025	13-1623935	501(C)(3)	6,000		N/A	N/A	GENERAL COSTS			
ALEXANDER ROBERTSON SCHOOL3 WEST 95TH STREET NEW YORK, NY 10025	13-1160095	501(C)(3)	8,000		N/A	N/A	FINANCIAL AID			
BROADWAY COMMUNITY INC601 WEST 114TH STREET NEW YORK, NY 10025	13-3652817	501(C)(3)	10,000		N/A	N/A	FOOD SUPPLIES			
BROADWAY PRESBYTERIAN CHURCHBROADWAY PRESBYTERIAN NURSERY SCHOO 601 WEST 114TH STREET NEW YORK, NY 10025	13-1623916	501(C)(3)	6,000		N/A	N/A	FINANCIAL AID			
CATHEDRAL COMMUNITY CARES OF ST JOHN1047 AMSTERDAM AVENUE NEW YORK, NY 10025	13-1623934	501(C)(3)	7,000		N/A	N/A	FOOD SUPPLIES			
CHILDRENS LEARNING CENTER OF MORNINGSIDE HEIGHTS90 LA SALLE STREET NEW YORK, NY 10025	13-4111840	501(C)(3)	9,000		N/A	N/A	FINANCIAL AID			
COMMUNITY IMPACT INC COLUMBIA UNIVERSITY 2980 BROADWAY 105 EARL HALL NEW YORK, NY 10027	13-3386904	501(C)(3)	10,000		N/A	N/A	YOUTH PROGRAMS			
THE FAMILY ANNEX DAYCARE CENTER560 WEST 113TH STREET NEW YORK,NY 10025	13-3083081	501(C)(3)	5,050		N/A	N/A	FINANCIAL AID			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FIGURE SKATING IN HARLEM361 WEST 125TH STREET FOURTH FLOOR NEW YORK, NY 10027	13-3945168	501(C)(3)	6,000		N/A	N/A	YOUTH DEVELOPMENT			
GRAHAM WINDHAM BEACON CENTER YOUTH LITERACY PROGRA625 WEST 133RD STREET ROOM 252 NEW YORK, NY 10027	13-2926426	501(C)(3)	6,000		N/A	N/A	FAMILY ENRICHMENT			
HALE HOUSE CENTER INC 152 WEST 122ND STREET NEW YORK, NY 10027	13-2700687	501(C)(3)	9,000		N/A	N/A	FINANCIAL AID			
HARLEM ACADEMY1330 FIFTH AVENUE NEW YORK, NY 10026	56-2454573	501(C)(3)	9,000		N/A	N/A	FINANCIAL AID			
HARLEM HEALTH PROMOTION CENTER PROJECT STAY215 WEST 125TH STREET FIRST FLOOR NEW YORK, NY 10027	13-5598093	501(C)(3)	6,000		N/A	N/A	VIDEO PROJECT			
PROJECT HEALTH88 EAST NEWTON STREET VOSE 521 BOSTON,MA 02118	45-0484533	501(C)(3)	7,000		N/A	N/A	VOLUNTEER TRAINING			
PURPLE CIRCLE DAY CARE 251 WEST 100TH STREET NEW YORK, NY 10022	13-3073319	501(C)(3)	8,000		N/A	N/A	FINANCIAL AID			
REV LINNETTE C WILLIAMSON MEMORIAL PARK ASSOCIAT141 WEST 139TH STREET C44 NEW YORK, NY 10030	13-3861293	501(C)(3)	6,000		N/A	N/A	SUPPLIES FOR YOUTH			
TOP HONORS INC323 WEST 75TH STREET 4E NEW YORK, NY 10023	75-3062601	501(C)(3)	8,000		N/A	N/A	TUTORING SUPPLIES			
WENDY HILLIARD FOUNDATION792 COLUMBUS AVENUE 17T NEW YORK, NY 10025	13-3879321	501(C)(3)	10,000		N/A	N/A	GYM RENTAL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
WEST SIDE CAMPAIGN AGAINST HUNGER263 WEST 86TH STREET NEW YORK, NY 10024	13-1635259	501(C)(3)	10,000	5,700	FMV	3,800 lbs	SUPPLIES FOR PANTRY					
WESTSIDE CRIME PREVENTION PROGRAM 893 AMSTERDAM AVENUE NEW YORK, NY 10025	13-3087186	501(C)(3)	6,000		N/A	N/A	TAMAR LYNN PRO GRAM					
UNFPA220 EAST 42ND STREET NEW YORK, NY 10017	13-3996346	501(C)(3)	604,028		N/A	N/A	research					
columbia university press61 west 62nd street new york, NY 10023	13-2623968	501(c)(3)	3,386,000		n/a	n/a	general support					
reid hall205 low memorial library new york, NY 10027	13-1611126	501(c)(3)	227,000		n/a	n/a	general support					
columbia ophthalmology consultants635 w 165th street rm 218 new york, NY 10032	13-3908637	501(c)(3)	1,525,000		n/a	n/a	general support					
columbia university healthcare inc630 w 168th street new york,NY 10032	13-3948652	501(c)(3)	3,538,515		n/a	n/a	general support					

**Compensation Information** 

DLN: 93493136071161

OMB No 1545-0047

Open to Public Inspection

# Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 

13-5598093

Pai	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	r	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		У			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and $\boldsymbol{p}$	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of $\ensuremath{A}$	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νο
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe	8	Yes	
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9	Yes	

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name  (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation			benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

# Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier Ret urn Ref erence	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	NOTES TO PART I, LINE 1A TRAVEL FOR COMPANIONS IN CERTAIN CIRCUMSTANCES, THE SPOUSE OF THE PRESIDENT OR OTHER KEY EMPLOYEE MAY TRAVEL FOR UNIVERSITY PURPOSES EXAMPLES OF SUCH TRAVEL INCLUDE AT FUNDAMS INDICATIONS IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS, THE UNIVERSITY AT AWARDS PRESENTATIONS OR INAUGURATIONS IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS, THE UNIVERSITY WILL PAY FOR SPOUSAL TRAVEL SERVES A "BONA FIDE BUSINESS PURPOSE" OF THE UNIVERSITY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS AS APPROVED BY THE BOARD OF TRUSTES, THE UNIVERSITY PAYS CERTAIN MEDICAL, DENTAL AND DISAULTY INSURANCE PREMIUMS ON THE PRESIDENT'S BEHALF, INCLUDING A TAX GROSS-UP ON THAT AMOUNT THE TOTAL AMOUNT FOR PREMIUMS AND THE TAXES THEREON (\$15.878) IS SHOWN IN COLUMN (8)(III) AS OTHER REPORTABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A HOME ON THE UNIVERSITY'S CAMPUS WHICH IS FUNDISHED AND MAINTAINED AT THE UNIVERSITY ALSO PROVIDES A CAR AND DRIVER TO BE USED BY THE PRESIDENT IN CONNECTION WITH HIS DUTIES THE PRESIDENT IS RESPONSIBLE FOR ANY GEOP THE HOUSING HAS BEEN VALUED AT \$325,000 AND IS REPORTED AS A NON-TAXABLE BENEFIT THE UNIVERSITY ALSO PROVIDES A CAR AND DRIVER TO BE USED BY THE PRESIDENT IN CONNECTION WITH HIS DUTIES THE PRESIDENT IS RESPONSIBLE FOR ANY THE UNIVERSITY (SEE PART I, COLUMN (8)(III)) NOTE TO PART I, LINE 4B THE UNIVERSITY HAS AGREED TO PROVIDE PRESIDENT BOLUNGER WITH SUPPLEMENTAL RETIREMENT INCOME CAR AND DRIVER AND OTHER PERSONAL EXPENSES PERSONAL SERVICES OTHER REPORTABLE COMPENSATION INCLUDES \$6,294 IMPUTED TO ARROMAN WITH ABSPECT TO PERSONAL USE OF A CAR AND DRIVER PROVIDED BY THE UNIVERSITY (SEE PART I, COLUMN (8)(III)) NOTE TO PART I, LINE 4B THE UNIVERSITY HAS AGREED TO PROVIDE PRESIDENT BOLUNGER WITH SUPPLEMENTAL RETIREMENT INCOME DASED ON COLUMNA WITH A SHORE AND ADDITION OF THE PRESIDENT BOLUNGER WITH THE CALENDAR YEAR REPORTING PERSONAL SERVICES OF THE WINDERS OF THE PRESIDENT FOR TH

Software ID: Software Version:

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Form 990, Schedule J, Pa	rt I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Lee C Bollinger	(I) (II)	890,982 0	0	15,878 0	275,285 0	345,072 0	1,527,217 0	0
Jane E Booth	(I) (II)	444,678 0	0	0	25,285 0	6,828 0	476,791 0	0
Alan Brinkley	(I) (II)	485,158 0	0	0	37,535 0	29,928 0	552,621 0	0
Jerome Davis	(ı) (ıı)	230,840 0	0	0	24,272 0	11,332 0	266,444 0	0
nicholas b dirks	(I) (II)	411,304 0	0	0	25,285 0	28,088	464,677 0	0
susan k feagin	(I) (II)	498,512 0	0	0	25,285 0	6,660 0	530,457 0	0
Lee Goldman MD	(I) (II)	993,876 0	325,000	6,294 0	25,285 0	11,688 0	1,362,143	0
Peter Holland	(I) (II)	720,112 0	1,249,916	0	1,299,222 0	24,800	3,294,050	1,249,916 0
Joseph A Ienuso	(I) (II)	399,972 0	0	0	25,285 0	49,994 0	475,251 0	0
Robert Kasdın	(I) (II)	637,815 0	0	0	25,285 0	26,300 0	689,400 0	0
N P Narvekar	(I) (II)	807,604 0	1,173,142	0	1,442,764 0	24,443	3,447,953 0	1,173,142 0
Claude M Steele	(I) (II)	241,851 0	0	26 0	23,306 0	7,151 0	272,334 0	0
anne r sullivan	(I) (II)	396,588 0	0	0	19,160 0	5,916 0	421,664 0	0
kenneth a forde md	(I) (II)	789,000 0	0	0	0	0	789,000 0	0
George E Rupp	(I) (II)	303,663 0	0	0	0	0	303,663 0	0
david n silvers md	(I) (II)	2,998,680 0	1,903,219	0	31,564 0	5,82 <b>4</b> 0	4,939,287 0	0
jeffrey w moses md	(I) (II)	2,942,812 0	0	0	23,044 0	53,805 0	3,019,661	0
craig r smith md	(I) (II)	1,789,324 0	100,000	0	33,456 0	76,698 0	1,999,478 0	0
martın b leon md	(I) (II)	1,487,812 0	0	0	23,044 0	41,126 0	1,551,982 0	0
JAN MODEST QUAEGEBEUR MD	(I) (II)	1,497,144 0	0		33,521 0	13,080	1,543,745 0	0

DLN: 93493136071161

OMB No 1545-0047

Open to Public

**Inspection** 

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-5598093

IN THE CITY OF NEW YORK

THE TRUSTEES OF COLUMBIA UNIVERSITY

Part I Bond Issues

(a) Issuer Name		(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) O n Behalf of Issuer	
							Yes	No	Yes	No
A	DORMITORY AUTHORITY OF STATE OF NEW YORK 2003A&B	14-6000293	649901R49	03-05-2003	122,696,491	FUND NEW QUALIFIED PROJECTS		х		х
В	DORMITORY AUTHORITY OF STATE OF NEW YORK 2004A	14-6000293	64983TSW4	06-08-2004	75,547,466	REFUND 1994A BONDS		х		х
С	DORMITORY AUTHORITY OF STATE OF NEW YORK 2004B&C	14-6000293	64983TZD8	06-30-2004	158,627,817	FUND NEW QUALIFIED PROJECTS		Х		Х
D	DORMITORY AUTHORITY OF STATE OF NEW YORK 2006A	14-6000293	64983QUE7	01-18-2006	239,661,669	FUND NEW QUALIFIED PROJECTS		Х		×
E	DORMITORY AUTHORITY OF STATE OF NEW YORK 2006B	14-6000293	64983QUE7	01-18-2006	167,228,781	REFUND 1998A, 2000A & 2002B BONDS		х		х

### Part III Proceeds

		Α		E	3	(	C	D			E
1	Total proceeds of issue	12	3,718,793	7	75,547,466		159,406,375		246,367,334		7,228,781
2	Gross proceeds in reserve funds		0		0		0		0		0
3	Proceeds in refunding or defeasance escrows		0		0	0		C		9	8,129,885
4	O ther unspent proceeds	0			0	0		0		0	
5	Issuance costs from proceeds	802,880			527,312		1,020,611	1,516,855		1,095,577	
6	Working capital expenditures from proceeds		818,694		519,265		1,042,701	1,564,052		1,090,59	
7	Capital expenditures from proceeds	12	2,097,219		0	157,343,063		243,286,427		(	
8	Year of substantial completion	20	04		,	20	07	20	09		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X	Х			Х		х		Х
10	Were the bonds issued as part of an advance refunding issue?	Х			Х		Х		Х	Х	

#### **Private Business Use**

the final allocation of proceeds?

11

Has the final allocation of proceeds been made?

		/	4	ı	3		С		)		E
		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		x		х		×		Х
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	х		x		x		х		X	

Х

Х

Does the organization maintain adequate books and records to support

Х

Х

Χ

Χ

Х

Χ

Χ

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			4	В		С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х		Х		Х		Х		х	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	Х	х			Х		Х		х	
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	x		Х		Х		Х		х	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 256 %		0 178 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 238 %		0 %		0 %	
6	Total of lines 4 and 5	0 %			0 %		0 494 %	0 178 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х		х	
D	+ TV Arbitrage										·

Part IV Arbitrage

11.	Albitage		Α		В		C				E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	_ No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		×		x		x		x	
2	Is the bond issue a variable rate issue?		X		Х		Х		Х		Х
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х		х		x		×
b	<b>b</b> Name of provider						•		•		
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х		Х
b	Name of provider						•		•		
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х		×		×		x		х
6	6 Did the bond issue qualify for an exception to rebate?				х	х		х			Х
			•	•	•	•	•	•	Schedul	le K (Form 99	n) 2009

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DLN: 93493136071161

# OMB No 1545-0047

## Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► 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 lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK							1	3-55980	93		
Part I Excess Benefit Tran							organi	zatıons	only).	40h	
Complete if the organizat  (a) Name of disqu			res on For	m 990, i	·				Part V, I		orrected
1 (a) Name of disqu	uanneu	person			<b>(b)</b> Desc	ription	ortrans	action		Yes	No
2 Enter the amount of tax impos	ed on t	ne orgai	nization man	agers or	r disqualified pers	ons dui	ing the y	ear unde	·r	<b> </b>	
section 4958	on line			• •					► \$ —— ► \$		
					ie organization .	• •	• •		- » <u> </u>		
Part II Loans to and/or I Complete If the organiz					D, Part IV, line 26	, or For	m 990-l	≣Ζ, Part \	/, line 38	а	
·		oan to			,	(e)		(f) Appro	1	(g)Writ	ten
(a) Name of interested person and purpose	1	m the zation?	(-/		(d)Balance due	defa		by board or committee?		agreeme	
	То	From				Yes	No	Yes	No	Yes	No
								+			
otal				► \$ ested	Persons.						
Complete if the orga		n ansv	vered "Yes	" on Fo	rm 990, Part IV		27.				
(a) Name of interested pers	on	(			een interested per ganization	rson	<b>(c)</b> A n	nount of g	rant or ty	pe of assı	stance
Part IV Business Transact						/ l.n.a	20- 20	ub or 20	10		
Complete If the orga	mzauc		<u>vered res</u> ) Relationsh		riii 990, Part IV	, iine	<u> 284, 28</u>	b, or 28	oc.		Sharing o
(a) Name of interested person		veen interes erson and the		(c) A mount of transaction	(	( <b>d)</b> Desc	rıptıon of	transact	ion I	nızatıon' 'enues?	
			organization							Yes	No
See Additional Data Table		+									
		+		+		-					
		+									

#### **Additional Data**

**GOLDMAN SACHS** 

**GOLDMAN SACHS** 

(a) Name of interested person

Software ID:

Software Version:

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(b) Relationship

between interested

DIRECTOR

TRUSTEE IS

TRUSTEE IS

OFFICER

OFFICER

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

7,410,074 CONTRACTS, FEES &

1,631,007 INV FUND DISTRIB TO

UNIVERSITY

COMMISSIONS

(d) Description of transaction

(e) Sharing of

organization's

Νo

Νo

IN THE CITY OF NEW YORK

**EIN:** 13-5598093

(c) A mount of

transaction \$

	person and the			reve	nues?
	organization			Yes	No
EVANGELINE MORPHOS	SPOUSE OF OFFICER	102,486	EMPLOYMENT		No
CLAIRE FULLMAN	SPOUSE OF OFFICER	12,000	EMPLOYMENT		No
JANAKI BAKHLE	SPOUSE OF KEY EMPLOYEE	106,010	EMPLOYMENT		No
JILL S GOLDMAN	SPOUSE OF KEY EMPLOYEE	80,355	EMPLOYMENT		No
CITIGROUP	TRUSTEE IS OFFICER	1,241,615	CARD PAYMENTS/ACCOUNT FEES		No
CITIGROUP	TRUSTEE IS OFFICER	234,000	RENT PAYMENTS TO UNIVERSITY		No
APPLE COMPUTER	TRUSTEE IS	4,192,131	PURCHASE OF GOODS		Νο

DLN: 93493136071161

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK **Employer identification number** 

	Tunos of Promorts				13-55	98093			
ra	rt I Types of Property	(a)	(b)	(c)		(d	`		
		Check If	Number of Contributions	Revenues reported on Form 990, Part VIII, line		Method of d reven	- etermı	nıng	
1	Art—Works of art	Х	4						
	Art—Historical treasures .	X	2						
	Art—Fractional interests								
	Books and publications								
	Clothing and household								
_	goods								
	Cars and other vehicles								
	Boats and planes Intellectual property								
	Securities—Publicly traded .								
	Securities—Closely held stock								
	Securities—Partnership, LLC,								
	or trust interests								
12	Securities—Miscellaneous	Х	357	26,228,486	COST	SALES PRIC	ΞE		
13	Qualified conservation contribution—Historic structures								
	Q ualified conservation contribution—Other								
15	Real estate—Residential .								
	Real estate—Commercial								
	Real estate—Other								
	Collectibles	X	6						
	Food inventory	X	8	0					
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts		_	_	_				
25	Other ► ( <u>EQUIPMENT</u> ) PERSONAL	×	6	0	0				
26	Other ► ( PAPERS )	X	8	0	0				
27	Other ► ( FURNITURE )	Х	1	0	0				
28	Other ► ( OTHER )	Х	1	12,729,000	COST	/SALES PRIC	Ε		
29	Number of Forms 8283 received								
	for which the organization compl	eted Form 8	8283, Part IV , Donee Ackr	nowledgement	29			1 1	14
								Yes	No
30a	During the year, did the organiza								
	must hold for at least three year			on, and which is not require	d to be	used			
	for exempt purposes for the enti						30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contri	butions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-ca	ash 	32a		Νο
Ь	If "Yes," describe in Part II								
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a	) ıs ch	ecked,			
	describe in Part II								

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
DESCRIPTION OF CONTRIBUTED PROPERTY FOR WHICH REVENUES ARE NOT REPORTED	, and the second	UNDER FAS 116, CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS NEED NOT BE RECOGNIZED AS REVENUES AND CAPITALIZED IF THE DONATED ITEMS ARE ADDED TO COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN BECAUSE THE UNIVERSITY UTILIZES CONTRIBUTIONS OF ART AND HISTORICAL TREASURES IN FURTHERANCE OF PUBLIC SERVICE, THESE CONTRIBUTIONS ARE NOT RECOGNIZED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES IN ADDITION, MINOR GIFTS, SUCH AS FOOD OR SUPPLIES, ARE CONSIDERED DE MINIMUS
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, COLUMN (B)	THE FIGURES IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED

Schedule M (Form 990) 2009

# OMB No 1545-0047

Open to Pu<u>blic</u> Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 

13-5598093

ldentifier	Return Reference	Explanation	
	11010101100		
SUPPLEMENTAL		FORM 990, PART I, LINE 4 AND PART VI, LINE 1B DETAIL REGARDING THE NUMBER OF I	
DISCLOSURES		MEMBERS THE UNIVERSITY'S PRESIDENT, A VOTING MEMBER OF THE BOARD, IS NOT	
		INDEPENDENT BECAUSE HE IS AN EMPLOYEE OF THE UNIVERSITY IN ACCORDANCE W	
		EPORTING INSTRUCTIONS, THE UNIVERSITY HAS ALSO NOT COUNTED AS INDEPENDEN	
		ES WHO SERVE AS OFFICERS OR DIRECTORS OF ENTITIES LISTED AS INTERESTED PER	
		L, NOR THE TRUSTEE LISTED ON SCHEDULE J WHO IS RETIRED FROM THE UNIVERSITY	
		REVIOUSLY-ACCRUED COMPENSATION DURING THE REPORTING PERIOD BASED UPON	
		UNIVERSITY EMPLOYMENTFORM 99	, ,
		DETAIL REGARDING THE NUMBER OF VOLUNTEERS THE NUMBER SHOWN IS AN ESTIMA	
		VOLUNTEERS WHO WORK WITH THE UNIVERSITY'S CENTRAL ALUMNI OFFICE ADDITIONAL CONTROL OF THE CONTRO	
		WORK IN MANY OF THE UNIVERSITY'S SCHOOLS, CENTERS AND OTHER PROGRAMS	
		FORM 990, PART V, LINE 4B FOREIGN COUNTRY LIST BAN	
		ETHIOPIA FRANCE GERMANY INDIA ITALY COTE D'IVOIRE (IVORY COAST) JORDAN KA	
		LESOTHO MOZAMBIQUE NIGERIA RWANDA SOUTH AFRICA SWAZILAND TANZANIA UI	
		(ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	
		FORM 990, PART V, LINES 7G AND 7H CONTRIBUTIONS OF CERTAIN TYPE S OF PRO	
		YEAR ENDED JUNE 30, 2010, THE UNIVERSITY DID NOT RECEIVE ANY CONT RIBUTIONS	
		INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES ASAR	
		UNIVERSITY WAS NOT REQUIRED TO FILE FORMS 8899 OR 1098-C TO REPORT SUCH C	
		FORM 990, PART VI, LINE 2 DETAIL OF FA	MILY/BUSINESS
		RELATIONSHIPS ARMEN AVANESSIANS AND ESTA STECHER - BU SINESS RELATIONS!	
		ESTA STECHER - BUSINESS RELATIONSHIP	FORM 990,
		PART VI, QUESTION 11a PROCESS USED BY MANAGEMENT AND/OR GOVERNING BOD	DY TO REVIEW 990 A
		SUBCOMMITTEE COMPRISED OF MEMBERS OF TR USTEES AUDIT COMMITTEE REVIEWE	D THE FORM 990
		FOLLOWING THAT REVIEW, THE FORM 990 WAS MADE AVAILABLE TO ALL TRUSTEES	SVIA A SECURE
		WEBSITE AND THEN PRESENTED TO THE FULL BOARD OF TR USTEES AT A MEETING O	N MAY 11, 2011
		CHANGES MADE SUBSEQUENT TO THE MAY 11, 2011 MEETING W ERE REPORTED TO T	THE SUBCOMMITTEE,
		AND ALL TRUSTEES WERE NOTIFIED OF THE CHANGES VIA ELECTR ONIC MAIL THE RE	EVISED FORM WAS
		POSTED ON THE SECURE WEBSITE FOR TRUSTEE REVIEW PRIOR TO FILING	
		FORM 990, PART VI, QU ESTION 12C DESCRIPTION OF PROCESS TO	MONITOR
		TRANSACTIONS FOR CONFLICTS OF INTEREST ALL TR USTEES ARE SUBJECT TO THE	"STATEMENT OF
		CONFLICT OF INTEREST POLICY FOR THE TRUSTEES OF CO LUMBIA UNIVERSITY," AND	ARE REQUIRED TO
		DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS THE DISCLO	OSURES ARE
		REVIEWED BY CHAIR OF THE BOARD OF TRUSTEES OR HIS OR HER DESIGNEE FOR AF	PROPRIATE ACTION
		IN ADDITION, WHEN A TRUSTEE BECOMES AWARE OF AN EXISTING OR POTENTIAL CO	NFLICT OF INTEREST,
		HE OR SHE HAS A DUTY TO (A) DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHA	AIR, APPROPRIATE
		COMMITTEE CHAIR OR THE PRESIDENT, (B) REFRAIN FROM ACTING TO INFLUENCE ANY	'
		MIGHT IN IMPROPERLY BENEFIT THE TRUSTEE OR A FAMILY MEMBER, AND (C) RECUSI	
		HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS OR DECISIONS ABOUT THE POT	
		TRANSACTION OR ACTIVITY ALL OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO	
		UNIVERSITY POLICY ON CONFLICTS OF INTEREST," AND ARE REQUIRED TO DISCLOSE	
		INTERESTS THAT COULD GIVE RISE TO CONFLICTS THESE DISCLOSURES ARE REVIEW	
		FORMAL ADMINISTRATIVE PROCESS ANY DISCLOSURES THAT COULD GIVE RISE TO	
		IDENTIFIED THROUGH SUCH REVIEW ARE REPORTED TO AN APPROPRIATE SENIOR OF	
		SUBSTANT IVE CONCERNS ARE ALSO REPORTED TO THE CHAIR OF THE TRUSTEES AL	
		AND/OR THE CHA IR OF THE BOARD OF TRUSTEES	
		990, PART VI LINE 14 DOCUMENTATION RETENTION POLICY THE UNIVERSITY'S BOOKS	
		RELEVANT TO ITS TAX EXEMPTION AND FILINGS WITH THE INTERNAL REVENUE SERVICE	
		INANCIAL RECORDS ARE MAINTAINED IN THE UNIVERSITY'S CONTROLLER'S OFFICE CO	
		PLICABLE LAW OTHER BOOKS AND RECORDS ARE MAINTAINED BY THE APPROPRIAT	
		CONSISTENT WITH APPLICABLE LAW THE UNIVERSITY'S LONG-STANDING POLICIES A	
		RESPECT TO DOCUMENT RETENTION AND DESTRUCTION ARE BEING REDUCED TO WRI	
		W RITTEN POLICY IS EXPECTED TO BE IN PLACE BY THE END OF THE FISCAL YEAR	
		FORM 990, PART VI, QUESTIONS 15A AND 15B COMPENSA'	
		UNIVERSITY FOLLOWS THE REVIEW PROCESS DESCRIBED BELOW FOR ALL OFFICERS	AND KEY
	<u> </u>	EMPLOYEES THIS PROCESS HAS BEEN IN PLACE	
	A . & N	le Instructions for Form 990 Cat No 51056K	Schedule O (Form 990) 20

ldentifier	Return Reference	Explanation
SUPPLEMENTAL DISCLOSURES		SINCE AT LEAST 2000 THE COMPENSATION FOR THE ORGANIZATIONS PRESIDENT IS REVIEWED BY A COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES AND APPROVED BY THE INDEPENDENT TRUSTEES ON THE FULL BOARD THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYES IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES IN CONNECTION WITH THE PRESIDENT'S COMPENSATION, COMMITTEE OF INDEPENDENT TRUSTEES IN CONNECTION WITH THE PRESIDENT'S COMPENSATION, COMMITTEE OF INDEPENDENT TRUSTEES IN CONNECTION WITH THE PRESIDENT SO COMPENSATION, THE COMPENSATION COMMITTEE AND THE BOARD REVIEW COMPARABILITY DATA AND INJURIES OF DELIBERATIONS ARE RECORDED CONTEMPORANDOLLY WITH ANY ACTION WITH RESPECT TO OTHER OFFICERS AND KEY EMPLOYEES, THE COMMITTEE FOLLOWS THE SAME PROCESS FOR REVIEW OF COMPARABILITY DATA AND CONTEMPORANDOLD DOCUMENTATION OF ITS ACTIONS IN THE CASE OF THE ORGANIZATION PRESIDENT AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES, THE CREANIZATION HAS ALSO CONSULTED WITH INDEPENDENT COMPENSATION OF ITS ACTIONS IN THE CREANIZATION HAS ALSO CONSULTED WITH INDEPENDENT COMPENSATION CONSULTANTS IN DETERMINING COMPENSATION THE COMPENSATION COMMITTEE OF THE INVESTMENT MANAGEMENT COMPANY'S BOARD OF MANAGERS SUCH COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEM BERS OF THE ORGANIZATION'S BOARD OF TRUSTESS ——FORM 990, PART VI, QUESTION 19 DOCUMENTS AVAILABILITY TO PUBLIC THE ORGA NIZATION'S CHARTER AND STATUTES, FINANCIAL STATEMENTS AND THE "STATEMENT OF INVESTMENT YOR LIVE YOR CONTEMPS TO FINITEES!" ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW COLUMBIA EDU ——FORM 990, PART VI, QUESTION 19 DOCUMENTS AND THE "STATEMENT OF UNIVERSITY POLICY ON CONFLICTS OF INTEREST" ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW COLUMBIA EDU ——FORM 990, PART VII DET AL REGARDING ROVALTY INCOMPEXYENSE THE UNIVERSITY PERIODICALLY FUNDS AND DEVELOPS PATENTS FOR OF CERTAIN TECHNOLOGIES, THEN LICENSES THE USAGE OF THESE PATENTS TO COMPANIES OVER SEV ERAL YEARS THE REVENUE. AND FUNDRAISING EVENTS AND THE "STATEMENT OF ACTIVITIES COST

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ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2	AUDIT OF THE UNIVERSITY'S FINANCIAL STATEMENTS	ITIES IS REFLECTED IN COLUMN (F) OF SCHEDULE R, PART IV AND ON THE STATEMENT OF REVENUE IN PART VIII THESE ENTITIES EACH OPERATE ON A CALENDAR-YEAR BASIS, AND THE UNIVERSITY'S SHA RE OF THE GROSS INCOME AND TOTAL ASSETS FOR EACH OF THESE ENTITIES FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2009 IS SET FORTH BELOW ASM HUDSON RIVER FUND SHARE OF TOTAL (GROSS) LO SS - \$9,844,559 SHARE OF END-OF-YEAR (GROSS) ASSETS \$92,814,771 FPCM INFLATION-LINKED OPP ORTUNITIES FUND, LTD SHARE OF TOTAL (GROSS) INCOME \$428,769,795 SHARE OF END-OF-YEAR (GROSS) ASSETS \$1,379,579,700 NCH INVESTORS FUND (CU) CORP SHARE OF TOTAL (GROSS) INCOME \$26 2,209 SHARE OF END-OF-YEAR (GROSS) ASSETS \$2,228,601 APIS GLOBAL DEEP VALUE OFFSHORE, LTD SHARE OF TOTAL (GROSS) LOSS -\$707,455 SHARE OF END-OF-YEAR (GROSS) ASSETS \$27,455,732 INDEA LONG TERM OPPORTUNITIES FUND SHARE OF TOTAL (GROSS) INCOME \$1,979,305 SHARE OF END-OF-YEAR (GROSS) ASSETS \$55,369,650 COLUMBIA PATRON SCOTLAND LP SHARE OF TOTAL (GROSS) LOS S - \$648,122 SHARE OF END-OF-YEAR (GROSS) ASSETS \$8,596,662

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DLN: 93493136071161

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	Employer identified	cation number									
Part I Identification of Disregarded Entities (Complete	omplete if the organization answered "Yes" on Form 990, Part IV, line 33.)										
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	<b>(f)</b> Direct controlling entity						
See Additional Data Table											
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the		the organization ar	nswered "Yes" on	Form 990, Part IV	, line 34 because it had one						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity						
See Additional Data Table											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtiona allocations?		amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?
							Yes	No		Yes	No
AP MC Fund I LP  Strategic Scenario Co BLDG 1F 2-39  Akasaka 5-Chome, Tokyo, Mi 107-0052  JA 98-0504300	INVESTMENTS	JA	NA	INVESTMENTS	19	4,326,715		No	0		No
AP RX Fund I LP  Strategic Scenario Co BLDG 1F 2-39  Akasaka 5-Chome, Tokyo, Mi 107-0052  JA 98-0515907	INVESTMENTS	JA	NA	INVESTMENTS	111	12,107,657		No	0		No
Ment Energy Partners V LP 13727 Noel Road Suite 500 Dallas, TX75240 75-2411038	INVESTMENTS	тх	NA	INVESTMENTS	14,846,450	72,911,613		No	0		No
Prides Monster Fund LP 200 High Street Suite 700 Boston, MA02110 27-0574628	Investments	DE	NA	INVESTMENTS	24,401	1,026,603		No	0		No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
See Additional Data Table							

Part V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes" on Form 990, Part IV, Ii	ne 34, 35, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?			
<b>a</b> Red	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Giff	;, grant, or capital contribution to other organization(s)		1b	Yes	
<b>c</b> Gift	, grant, or capital contribution from other organization(s)		<b>1</b> c		No
<b>d</b> Loa	ns or loan guarantees to or for other organization(s)		1d		No
<b>e</b> Loa	ns or loan guarantees by other organization(s)		1e		No
<b>f</b> Sal	e of assets to other organization(s)		1f		No
<b>g</b> Pur	chase of assets from other organization(s)		<b>1</b> g		No
h Exc	change of assets		1h		No
i Lea	se of facilities, equipment, or other assets to other organization(s)		<b>1</b> i		No
<b>j</b> Lea	se of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>		No
<b>k</b> Per	formance of services or membership or fundraising solicitations for other organization(s)		1k		No
l Peri	ormance of services or membership or fundraising solicitations by other organization(s)		11		No
<b>m</b> Sha	iring of facilities, equipment, mailing lists, or other assets		1m		No
<b>n</b> Sha	aring of paid employees		<b>1</b> n		No
o Rei	mbursement paid to other organization for expenses		10		No
<b>p</b> Rei	mbursement paid by other organization for expenses		1р		No
<b>q</b> 0 tł	ner transfer of cash or property to other organization(s)		1q	Yes	
r Oth	er transfer of cash or property from other organization(s)		1r	Yes	
	ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	s and transaction thres	holds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		(c) it involv	ed
	fitional Data Table				
(2)					
(3)					
(4)					
(E)					
(5)					
(6)					

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

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

<b>(a)</b> Name, address, and EIN of entity	(state or foreign pa country) se 501 orgar		parti sect 501(d organiz	section assets			r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral o anaging artner?	
			Yes	No		Yes	No		Yes	N	
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**Additional Data** Return to Form Software ID: **Software Version: EIN:** 13-5598093 Name: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK Form 990, Schedule R, Part I - Identification of Disregarded Entities (c) Legal Domicile (d) (f) (e) Name, address, and EIN of disregarded entity Direct Controlling (State Total income Primary Activity End-of-year assets or Foreign (\$) Entity (\$) Country) CIM I LLC INVEST HOLDNG 402,426,141 NA DΕ 0 615 West 131st Street MC8741 New York, NY 10027 13-3901851 CIM II LLC INVEST HOLDNG DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 13-3901854 CIM III LLC INVEST HOLDNG DΕ 0 1,576,073 NA 615 West 131st Street MC8741 New York, NY 10027 13-3901855 CIM IV LLC INVEST HOLDIG 160,977,422 NA DΕ 7,620,884 615 West 131st Street MC8741 New York, NY 10027 13-3901856 CIM V LLC INVEST HOLDNG 30,798,170 NA DΕ 1,215,942 615 West 131st Street MC8741 New York, NY 10027 13-3901861 CIM VI LLC INVEST HOLDNG DΕ 0 21,894,080 NA 615 West 131st Street MC8741 New York, NY 10027 13-3901857 INVEST HOLDNG CIM VII LLC DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 13-3901858 INVEST HOLDNG CIM VIII LLC DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 13-3901859 CIM IX LLC INVEST HOLDNG DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 13-3901860 CIM X LLC INVEST HOLDNG DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 13-3901862 CIM XI LLC INVEST HOLDNG DΕ lnα 57 55 615 West 131st Street MC8741 New York, NY 10027 13-3901863 CIM XII LLC INVEST HOLDNG DΕ -11,009,086 11,405,781 NA 615 West 131st Street MC8741 New York, NY 10027 13-3901864 CIM XIII LLC INVEST HOLDNG DΕ 0 41,122,555 NA 615 West 131st Street MC8741 New York, NY 10027 13-3901865 CIM XIV LLC INVEST HOLDNG DΕ 3,740,083 NA 0 615 West 131st Street MC8741 New York, NY 10027 13-3901866 CIM XV LLC INVEST HOLDIG 60,051,012 NA DF 6,770,855 615 West 131st Street MC8741 New York, NY 10027 13-3901868 CIM XVI LLC INVEST HOLDNG DΕ 45,612 O NA 615 West 131st Street MC8741 New York, NY 10027 13-3951901 Columbia Digital Knowledge Ventures LLC ΝY 0 O NA New Media 615 West 131st Street MC8741 New York, NY 10027 06-1576880 Columbia Investment Mgt Company Ilc INVESTMT MGMT NΥ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Ethiopia LLC HEALTHCARE 515,716 NA NΥ 0 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Kenya LLC HEALTHCARE ΝY 0 334,462 NA 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Lesotho LLC 343,960 NA HEALTHCARE NΥ 0 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Mozambique LLC HEALTHCARE NΥ 0 1,355,735 NA 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Nigeria LLC 1,627,880 NA HEALTHCARE NΥ 0 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Rwanda LLC HEALTHCARE NΥ 0 397,830 NA 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH South Africa LLC HEALTHCARE ΝY 0 639,271 NA 615 West 131st Street MC8741 New York, NY 10027 13-5598093 MSPH Tanzania LLC HEALTHCARE 0 1,304,252 NA NΥ 615 West 131st Street MC8741 New York, NY 10027 13-5598093 Columbia Global Centers LLC Education ΝY 0 O NA 412 Low Library 535 W 116th St MC New York, NY 10027 13-5598093 Hither Property LLC Real Estate DΕ 0 2,196,179 NA 615 West 131st Street MC 8741 New York, NY 10027 27-0201222 Columbia Aff Phys Indep Prctice AssC LLC PHYSICNS PRAC NΥ 356,750 442,026 NA 412 Low Memorial Library 535 W 116 New York, NY 10027 26-2162648 CoL Univ Middle East Research CTR LLC 1,782,280 NA Education JO 1,939,273 Conquest Managed Futures Select Fund II INVESTMENTS DΕ 1,215,942 30,798,170 CIM V LLC 540 Madison Ave 20th Floor NEW YORK, NY 10022 Dynamo Brasil VI LLC INVESTMENTS DΕ 0 71,634,834 NA Av Ataulfo de Paiva 1351-7 ANDAR So Paulo 3126 BR CIM XVII LLC INVEST HOLDNG DΕ -1,186 1,557,323 NA 615 West 131st Street MC8741 New York, NY 10027 14-1977498 CIM XVIII LLC INVEST HOLDNG DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 14-1977500 CIM XIX LLC INVEST HOLDNG DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 14-1977503 CIM XX LLC INVEST HOLDNG DΕ 0 O NA 615 West 131st Street MC8741 New York, NY 10027 14-1977505 CIM XXI LLC INVEST HOLDNG DΕ O NA 0 615 West 131st Street MC8741 New York, NY 10027 14-1977507 COLUMBIA GLOBAL RESEARCH INITIATIVES LLC O NA 0 EDUCATION NΥ 412 LOW MEMORIAL LIBRARY NEW YORK, NY 10027 EI RWANDA LLC **HEALTH RESCH** NΥ 105,278 NA 0 PLOT 2106 RUE DU LAC MPANGA KIYOVU KIGAU RW Hamilton Forests LP INVESTMENTS DΕ 0 41,122,555 CIM XIII LLC 15 PIEDMONT CTR STE 1250 ATLANTA, GA 30305 CU STUDIO LLC EDUCATION ВR O NA 0 RUA MARIA EUGENIA 90/301 - HUMAITA RIO DE JANEIRO, RJ 22261-080 BR CU GSAPP LLC **EDUCATION** ΒR 0 O NA RUA MARIA EUGENIA 90/301 - HUMAITA RIO DE JANEIRO, RJ 22261-080 INVESTMENTS CIM PARENT LLC DΕ 0 40,690,302 | HAMILTON FOR 15 PIEDMONT CTR STE 1250 ATLANTA, GA 30305 CIM TIMBER LLC INVESTMENTS DΕ 0 40,428,223 CIM PARENT 15 PIEDMONT CTR STE 1250 ATLANTA, GA 30305 Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c)

(d)

Exempt Code

section

501(C)(3)

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Healthcare

Fundraising

Healthcare

Fundraising

ACADEMIC PUB

BENEFITS SUPP

CLINICAL EDUC

EDU/CUL EXCH

COMM DEVLPMT

EDUC OUTREACH

RESEARCH

FUNDRAISING

RESEARCH

EDUC SUPPORT

EDUC SUPPORT

HEALTHCARE

EDUC SUPPORT

EDUC SUPPORT

EDUC SUPPORT

LIBRARY COLL

RESEARCH

EDUCATION

EDUCATION

EDUCATION

HEALTHCARE

SUPPORT COMM

(a)

Name, address, and EIN of related organization

ALLIANCE FOR COMMUNTY ENHANCEMENT AT CU

COLUMBIA OPHTHALMOLOGY CONSULTANTS INC

COL PRESBYTERIAN MEDICAL CTR FUND INC

COLUMBIA UNIVERSITY HEALTHCARE INC

COLUMBIA UNIVERSITY HONG KONG FUND

COL UNIV RETIREE MED LIFE INS BNFITS TR

MORNINGSIDE HEIGHTS LEGAL SERVICES INC

COLUMBIA UNIVERSITY PRESS

100 Low Memorial Library 535 W 116

435 W 116th St Box C16 Rm831

205 Low Memorial Library 535 W116

Centers for International Programs Inc

412 Low Memorial Library 535 W 116

APT 101 K-62 HAUZ KHAS ENCLAVE

THE CLYDE AND HELEN WU FAMILY F

WILLIAM J MATHESON FOUNDATION INC

CENTER FOR NATL HLTH DEVELP IN ETHIOPIA

FOUNDATION FOR CTR FOR ENERGY MARINE

FRIENDS OF COLUMBIA PSYCHOANALYTIC CTR

COLUMBIA UNIVERSITY CLUB FOUNDATION INC

RESEARCH COLLECTIONS AND PRES CONSORTIUM

CENTER FOR ENVIRONMENT ECONOMY & SOCIETY

CENTRE UNIVERSITAIRE AMERICAN REID HALL

COLUMBIA UNIVERSITY PROGRAMS IN PARIS

205 Low Memorial Library 535 W116

615 WEST 131ST STREET MC8741

GROSSE POINTE PARK, MI48230

535 MODISON AVE 24TH FL NEW YORK, NY10022

CENTERS FOR INTERNATIONAL PROJECTS TRUST

GLOBAL HEALTH RESEARCH CENTER OF ASIA

420 W 118th St Suite 1311 New York, NY10027 13-4159743 CIS I LLC

615 West 131st Street MC8741

615 West 131st Street MC8741

COLUMBIA COMMUNITY SERVICE

301 Low Memorial Library 535 W 116

635 W 165th Street Room 218

NEW YORK, NY10027

NEW YORK, NY10027

NEW YORK, NY10027

NEW YORK, NY10032

630 W 168th Street NEW YORK, NY10032

630 W 168th Street NEW YORK, NY10032

136 South Broadway Irvington, NY10533 13-1623968

NEW YORK, NY10027

NEW YORK, NY10027

NEW YORK, NY10027

90 Morningside Dr NEW YORK, NY10027

NEW YORK, NY10027

NEW DELHI 110016

COLUMBIA UK FUND LTD

NEW YORK, NY10027

1255 AMSTERDAM AVE NEW YORK, NY10027

1275 AUDOBON AVE

38-3441481

13-6105414

3225 GALOOWS RD FAIRFAX, VA22037 54-1962639

1051 RIVERSIDE DR NEW YORK, NY10032

350 PARK AVE 24TH FL NEW YORK, NY10022

400 FORRESTAL ROAD PRINCETON, NJ08540

13-3118570

13-6105775

22-3751732

2852 BROADWAY NEW YORK, NY10025

NEW YORK, NY10027

4 RUE DE CHEVREUSE PARIS 75006

4 RUE DE CHEVREUSE PARIS 75006

NEW YORK, NY10027

CU NEW YORK

MSPH Swazıland

615 West 131st Street MC8741

13-3800106

51-0192355 REID HALL INC

13-1611126 REMEDCO INC

23-7152841

13-5598093

13-3901821 CIS II LLC

13-3901826

13-6168288

13-3908637

13-6162924

13-3948652

GPO Box 5314 Connaught Place (e)

Public charity

status

(if 501(c)(3))

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N/A

N/A

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(f)

Direct Controlling

Entity

Form 990, Schedule R, Part IV - Ide	ntification of R	Related Organia	zations Taxable	as a Corporatio	n or Trust		
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> 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 (\$)	<b>(g)</b> Share of end-of-year assets (\$)	(h) Percentage ownership
16 East 60th Street Corporation 615 West 131st Street MC 8741 New York, NY10027 13-3675222	Real Estate	NY	N A	C-Corp	0	0	100 000 %
Columbia Pres Indepdt Practice Assoc 161 Fort Washington Ave Suite 132 New York, NY10032 13-3396165	Phys Practice	NY	NA	C-Corp	0	0	100 000 %
Fathom Knowledge Network Inc 615 West 131st Street MC 8741 NEW YORK, NY10027 13-4054997	New Media	NY	NA	C-Corp	0	0	100 000 %
Morningside Inc 311 Low Memorial Library NEW YORK, NY10027 06-1430120	Real Estate	NY	NA	C-Corp	0	0	100 000 %
University Womens Realty Corp 408 Low Library MC 4336 NEW YORK, NY10027 13-2524803	Real Estate	NY	NA	C-Corp	0	0	100 000 %
2301 12th Avenue Owners Corp c/o Columbia Univ 615 W 131st M NEW YORK, NY10027 99-1786950	Real Estate	NY	NA	C-Corp	0	0	100 000 %
Freezer Box Inc c/o Columbia Univ 615 W 131st M NEW YORK, NY10027 99-1596696	Real Estate	NY	NA	C-Corp	0	0	100 000 %
ASM Hudson River Fund Walker House 87 Mary Street GEORGETO WN, GRAND CAYMAN KY1- 9002 CJ	INVESTMENTS	CJ	NA	REG MUTUAL FUND	0	107,482,449	100 000 %
FPCM Inflation Linked Opportunities LTD 140 Broadway 18th Floor NEW YORK, NY10005	INVESTMENTS	CJ	CIM I LLC	FOREIGN CORP	0	402,426,141	100 000 %
NCH Investors Fund CU Corp Ugland S Church St PO BOX 309 GEORGETOWN, GRAND CAYMAN KY1- 1104 CJ	INVESTMENTS	CJ	NA	FOREIGN CORP	0	962,297	100 000 %
APIS GLOBAL DEEP VALUE OFFSHORE LTD A HOUSE 20 GENESIS H PO BOX 1344 GEORGETOWN, GRAND CAYMAN KY1- 1108 CJ	INVESTMENTS	CJ	NA	FOREIGN CORP	0	20,229,543	82 000 %
HARBOUR LITIGATION INVESTMENT OFFSHORE F PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-0660716	INVESTMENTS	CJ	NA	FOREIGN CORP	-11,063	1,028,157	100 000 %
INDEA LONG TERM OPPORTUNITIES FUND	INVESTMENTS	CJ	N A	FOREIGN CORP	0	48,590,000	53 000 %
COLUMBIA PATRON SCOTLAND LP	INVESTMENTS	UK	NA	FOREIGN CORP	0	8,003,326	100 000 %
BEIJING COLUMBIA INTL CONSULTING CENTER TOWERA TSINGHUA SCIENCEPARK CHENGFURD, HAIDIAN 100084 CH	EDUCATION	СН	CGC LLC	FOREIGN CORP	100,000	327,815	100 000 %
ASSC FOR COLLABORATIVE STUDIO X PROJECTS PRACA TIRADENTES 48 - CENTRO RIO DE JANEIRO 20060-070 BR	RESEARCH	BR	NA	PRIVATE LAW ASC	0	0	100 000 %

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

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)
(1)	COLUMBIA PATRON SCOTLAND LP	В	1,943,716
(2)	COLUMBIA UNIVERSITY PRESS	В	3,386,000
(3)	REID HALL	В	227,000
(4)	COLUMBIA OPHTHALMOLOGY CONSULTANTS	В	1,525,000
(5)	COLUMBIA UNIVERSITY HEALTHCARE	В	3,538,515
(6)	CPMC FUND	R	12,729,000
(7)	COL UNIV RETIREE MED & LIFE INS BENEFITS TR	Q	15,096,369

#### **SCHEDULE K** (Form 990)

Part I

# **Supplemental Information on Tax-Exempt Bonds**

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**Bond Issues** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

THE TRUSTEES OF COLUMBIA UNIVERSITY Name of the organization Employer identification number IN THE CITY OF NEW YORK 13-5598093

(a) Issuer name	(b) Issu	ier EIN	(c) CUSIP#	(d) Date issue	ate issued (e) Issue price		(f) Description of purpose		ırpose	(g) Defe		(h) ( beha issi	lf of
										Yes	No	Yes	No
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Part II Proceeds													_
aren 1 loceeus			A		В		С		)		Е		
1 Total proceeds of issue		295,	785,662	. 117.	<u>-</u> 067,254.			_	<u> </u>				
2 Gross proceeds in reserve funds			•	).	0.								_
3 Proceeds in refunding or defeasance escrows			(	).	0.								_
4 Other unspent proceeds			(	).	0.								
5 Issuance costs from proceeds		1,	641,578		823,388.								
6 Working capital expenditures from proceeds		1,	,965 <b>,</b> 248		974,613.								
7 Capital expenditures from proceeds		292,	178,836	. 115,	269,253.								
8 Year of substantial completion													
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	<b>.</b>	No	)
9 Were the bonds issued as part of a current refunding issue?			X		X								
10 Were the bonds issued as part of an advance													
refunding issue?			X		X								
11 Has the final allocation of proceeds been made?			X		X								
12 Does the organization maintain adequate books and													
records to support the final allocation of proceeds?		X		X									
Part III Private Business Use					_			_		ı			
1 Was the organization a partner in a partnership, or a			Α		В		C				E		
member of an LLC, which owned property financed by		Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>i</u>	No	)
tax-exempt bonds?			X		X						-		
2 Are there any lease arrangements with respect to the		7.7											
financed property which may result in private business use?		X		X						ah adula K			

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

Schedule K (Form 990) 2009

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## Part III Private Business Use (Continued)

		Α		В		С		D	!	E
3a Are there any management or service contracts with respect to the financed property which may result in	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
private business use?	X		X							
b Are there any research agreements with respect to the financed property which may result in private business use?	Х		Х							
Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		X							
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		.1784%		0.0000%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.0000%		0.0000%		%		%		%
6 Total of lines 4 and 5		.1784%		0.0000%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х							
Part IV Arbitrage										
		Α		В		С		D		E
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Х		X							
2 Is the bond issue a variable rate issue?		X	X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		Х		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X						
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?										
Were any gross proceeds invested beyond an										
available temporary period?		X		X						
			X							
6 Did the bond issue qualify for an exception to rebate?	^								bodulo K /Eo	

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