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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COLGATE UNIVERSITY

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
HAMILTON, NY 13346

D Employer identification number
15-0532078

E Telephone number
(315) 228-7422

G Gross receipts $ 427,200,368

F Name and address of principal officer
DAVID B HALE
13 OAK DRIVE
HAMILTON, NY 13346

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www colgate edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1846

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,089
6	Total number of volunteers (estimate if necessary)	**6**	1,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,880,684
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	28,497,140	38,931,168
9	Program service revenue (Part VIII, line 2g)	134,079,597	146,308,154
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,911,493	16,274,113
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,400,614	1,396,834
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,888,844	202,910,269
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,864,905	39,110,078
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	81,841,957	84,089,261
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,484,547		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	63,474,881	67,143,154
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	182,181,743	190,342,493
19	Revenue less expenses Subtract line 18 from line 12	-4,292,899	12,567,776

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,036,749,530	1,154,244,623
21	Total liabilities (Part X, line 26)	261,379,745	260,021,810
22	Net assets or fund balances Subtract line 21 from line 20	775,369,785	894,222,813

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2012-04-12 Date

▶ DAVID B HALE VP FOR FINANCE/ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
PRICEWATERHOUSECOOPERS LLP	PRICEWATERHOUSECOOPERS LLP			
Firm's name ▶ PricewaterhouseCoopers LLP				Firm's EIN ▶
Firm's address ▶ 125 High Street Boston, MA 02110				Phone no ▶ (617) 530-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 165,564,135 including grants of $ 38,487,584) (Revenue $ 146,308,154)

TO PROVIDE A WORLD-CLASS AND DEMANDING UNDERGRADUATE EDUCATIONAL EXPERIENCE FOR A TALENTED AND DIVERSE GROUP OF APPROXIMATELY 2800 STUDENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 165,564,135

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part 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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
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**	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	732		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,089		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a Yes	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**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?			8	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31		
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
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			No
b	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				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	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		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , NY

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 ☑ 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 organization ▶

DAVID B HALE
13 OAK DRIVE
HAMILTON, NY 13346
(315) 228-7422

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,488,747	0	560,118

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 134

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LECHASE CONTRUCTION 300 TROLLEY BOULEVARD ROCHESTER, NY 14606	CONSTRUCTION	4,596,662
NORTHEAST CONSTRUCTION 609 ERIE BOULEVARD WEST SYRACUSE, NY 13204	CONSTRUCTION	3,418,616
CHARLES A GAETANO CONSTRUCTION 258 GENESEE STREET UTICA, NY 13502	CONSTRUCTION	2,202,826
MARK CONGDEN 140 MARTIN ROAD CLEVELAND, NY 13042	DELIVERY	872,871
TAI SOO KIM ARCHITECTS HARTFORD SQUARE WEST 146 WYLLYS ST HARTFORD, CT 06106	ARCHITECTS	619,937

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 20

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	27,707				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	2,573,279				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	36,330,182				
	g Noncash contributions included in lines 1a-1f $	13,855,754				
	h **Total.** Add lines 1a-1f . . . . . ▶		38,931,168			
Program Service Revenue		Business Code				
	2a TUITION & FEES	900099	121,344,144	121,344,144		
	b SALES AND SERVICES OF AUXILIARIES	900099	23,265,952	22,149,785	1,116,167	
	c OTHER EDUCATIONAL ACTIVITIES	900099	1,698,058	1,698,058		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		146,308,154			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		7,427,440		2,764,517	4,662,923
	4 Income from investment of tax-exempt bond proceeds . . ▶		14,558			14,558
	5 Royalties . . . . . ▶		168,159			168,159
		(i) Real / (ii) Personal				
	6a Gross Rents	681,978				
	b Less rental expenses	726,887				
	c Rental income or (loss)	-44,909				
	d Net rental income or (loss) . . . . . ▶		-44,909			-44,909
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	229,551,443				
	b Less cost or other basis and sales expenses	220,719,328				
	c Gain or (loss)	8,832,115				
	d Net gain or (loss) . . . . . ▶		8,832,115			8,832,115
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a	4,117,468				
	b Less cost of goods sold . . b	2,843,884				
	c Net income or (loss) from sales of inventory . . ▶		1,273,584			1,273,584
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		0			
	12 **Total revenue.** See Instructions . . . ▶		202,910,269	145,191,987	3,880,684	14,906,430

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	622,494	622,494		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	38,487,584	38,487,584		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,147,140	1,147,140		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	627,029	514,164	75,243	37,622
7 Other salaries and wages	63,573,028	51,951,462	7,749,938	3,871,628
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,878,109	4,845,795	696,531	335,783
9 Other employee benefits	8,335,889	6,871,940	987,767	476,182
10 Payroll taxes	4,528,066	3,732,847	536,556	258,663
a Fees for services (non-employees) Management	4,608,857	3,769,750	744,797	94,310
b Legal	481,909	394,171	77,877	9,861
c Accounting	230,702	188,699	37,282	4,721
d Lobbying	25,390	20,767	4,103	520
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	449,352	367,541	72,616	9,195
g Other	5,254,120	4,297,534	849,072	107,514
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	1,472,522	1,242,608	110,206	119,708
15 Royalties	0			
16 Occupancy	0			
17 Travel	6,950,050	5,940,444	437,556	572,050
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,186,722	8,186,722		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,193,816	11,946,817	1,081,476	165,523
23 Insurance	1,472,175	770,699	677,864	23,612
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a UTILITIES	4,617,448	3,854,498	640,872	122,078
b REPAIRS & MAINTENANCE	3,547,289	3,001,747	451,909	93,633
c LIBRARY BOOKS	2,266,066	2,263,220	2,660	186
d POSTAGE, PRINT & PUBLICATIONS	2,089,324	1,005,300	706,304	377,720
e GENERAL OPERATING EXPENSES	9,346,639	7,887,292	699,516	759,831
f All other expenses	2,950,773	2,252,900	653,666	44,207
25 **Total functional expenses.** Add lines 1 through 24f	190,342,493	165,564,135	17,293,811	7,484,547
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,834,197	1	3,087,856
	2	Savings and temporary cash investments		23,808,765	2	44,276,650
	3	Pledges and grants receivable, net		3,977,597	3	3,646,789
	4	Accounts receivable, net		859,077	4	903,098
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		3,532,261	7	3,374,190
	8	Inventories for sale or use		1,565,764	8	1,750,197
	9	Prepaid expenses and deferred charges		4,595,557	9	4,464,095
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 506,845,142			
	b	Less accumulated depreciation	10b 172,377,545	321,965,360	10c	334,467,597
	11	Investments—publicly traded securities		159,713,764	11	161,576,083
	12	Investments—other securities See Part IV, line 11		509,386,728	12	588,493,866
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,510,460	15	8,204,202
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,036,749,530	16	1,154,244,623
Liabilities	17	Accounts payable and accrued expenses		16,892,324	17	19,172,132
	18	Grants payable			18	
	19	Deferred revenue		10,343,435	19	11,493,182
	20	Tax-exempt bond liabilities		176,530,900	20	173,650,103
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		701,615	23	475,540
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		56,911,471	25	55,230,853
	26	**Total liabilities.** Add lines 17 through 25		261,379,745	26	260,021,810
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		470,419,829	27	301,992,202
	28	Temporarily restricted net assets		48,833,483	28	278,584,047
	29	Permanently restricted net assets		256,116,473	29	313,646,564
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		775,369,785	33	894,222,813
	34	Total liabilities and net assets/fund balances		1,036,749,530	34	1,154,244,623

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	202,910,269
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,342,493
3	Revenue less expenses Subtract line 2 from line 1	3	12,567,776
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	775,369,785
5	Other changes in net assets or fund balances (explain in Schedule O)	5	106,285,252
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	894,222,813

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	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 separate basis, consolidated 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	

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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

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

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

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

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

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the 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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
COLGATE UNIVERSITY	15-0532078

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		21,250
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		177,473
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			198,723
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE G	DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES	COLGATE UNIVERSITY PAID $21,250 TO IKON PUBLIC AFFAIRS GROUP, LLC FOR LEGISLATIVE AND REGULATORY REPRESENTATION TO OBTAIN ADDITIONAL FEDERAL FUNDING DURING FY 2011
FORM 990, SCHEDULE C, PART II-B, LINE H		COLGATE UNIVERSITY BELONGS TO MEMBER ORGANIZATION(S) WHICH MAY ENGAGE IN LOBBYING ACTIVITIES AGGREGATE DUES IN THE AMOUNT OF $177,473 WERE PAID DURING FY 2011 SOME PORTION OF DUES MAY BE UTILIZED FOR LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 167,252

(ii) Assets included in Form 990, Part X ▶ $ 14,130,276

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☑ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	609,693,550	550,499,329	723,041,198		
b Contributions	21,043,099	31,135,407	10,191,217		
c Investment earnings or losses	108,989,396	60,060,185	-151,023,917		
d Grants or scholarships	29,117,762	32,001,371	31,709,169		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	710,608,283	609,693,550	550,499,329		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 21 900 %
- b Permanent endowment ▶ 76 800 %
- c Term endowment ▶ 1 300 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,992,395		26,992,395
b Buildings		386,409,021	106,315,741	280,093,280
c Leasehold improvements		7,442,480	5,827,113	1,615,367
d Equipment		86,001,246	60,234,691	25,766,555
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				334,467,597

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS IN LPS	588,493,866	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	588,493,866	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
FEDERAL STUDENT LOAN FUNDS	3,277,584
POST-RETIREMENT BENEFITS	25,611,062
ARRANGEMENTS	16,292,842
OBLIGATION	10,049,365
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	55,230,853

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	202,910,269
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	190,342,493
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,567,776
4	Net unrealized gains (losses) on investments	4	99,933,719
5	Donated services and use of facilities	5	337,182
6	Investment expenses	6	
7	Prior period adjustments	7	3,286,199
8	Other (Describe in Part XIV)	8	2,728,152
9	Total adjustments (net) Add lines 4 - 8	9	106,285,252
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	118,853,028

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	270,992,449
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	99,933,719		
b	Donated services and use of facilities	2b	337,182		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-35,759,432		
e	Add lines **2a** through **2d**			2e	64,511,469
3	Subtract line **2e** from line **1**			3	206,480,980
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-3,570,711		
c	Add lines **4a** and **4b**			4c	-3,570,711
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	202,910,269

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	158,153,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	6,298,923		
e	Add lines **2a** through **2d**			2e	6,298,923
3	Subtract line **2e** from line **1**			3	151,854,909
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	38,487,584		
c	Add lines **4a** and **4b**			4c	38,487,584
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	190,342,493

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTIONS OF ARTWORK	SCHEDULE D, PART III, LINE 4	THE PICKER ART GALLERY AT COLGATE UNIVERSITY SEEKS TO ENGAGE THE IMAGINATIONS, STIMULATE THE MINDS, AND CAPTIVATE THE EYES OF ITS VISITORS - STUDENTS, FACULTY, STAFF, COMMUNITY MEMBERS, AND TRAVELERS ALIKE IT AIMS TO SERVE AS A LABORATORY FOR THE EXPLORATION AND PRESENTATION OF NEW IDEAS ABOUT AND RELATED TO ART, AS A FORUM FOR INTERDISCIPLINARY COLLABORATIONS GROUNDED IN VISUAL UNDERSTANDING, AS A BEACON OF EXCELLENCE IN ITS EXHIBITIONS, PROJECTS, AND PUBLICATIONS, AND AS A SANCTUARY FOR THE CONTEMPLATION AND ENJOYMENT OF ART THE LONGYEAR MUSEUM OF ANTHROPOLOGY IS MAINTAINED BY THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY AS A TEACHING MUSEUM THE COLLECTION OF ARCHAEOLOGICAL AND ETHNOLOGICAL MATERIALS, PRIMARILY RELATING TO THE AMERICAN INDIAN AND PALEOLITHIC IMPLEMENTS, INCLUDES THE MORTIMER C HOWE COLLECTION OF AMERICAN INDIAN ARTIFACTS, THE HERBERT W BIGFORD COLLECTION OF ONEIDA INDIAN ARCHEOLOGY, AND THE WALTER BENNETT COLLECTION OF IROQUOIS AND PRE-IROQUOIS ITEMS
USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT IS MANAGED AND INVESTED TO PROVIDE CURRENT AND FUTURE SUPPORT FOR THE OPERATIONS OF THE UNIVERSITY EXAMPLES OF SUPPORT PROVIDED INCLUDE FINANCIAL AID, FACILITIES UPKEEP, RESEARCH, FACULTY COMPENSATION AND OTHER ACADEMIC AND STUDENT OPERATIONS
RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FS	SCHEDULE D, PART XI, LINE 8 - OTHER	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 494,679 POST RETIREMENT BENEFIT 2,233,473 ---------- TOTAL 2,728,152 ==========
RECONCILIATION OF REVENUE PER AUDITED FS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 2D - OTHER REVENUE ON BOOKS BUT NOT ON RETURN	SCHOLARSHIP EXPENSE (38,487,584) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 494,679 POST RETIREMENT BENEFIT 2,233,473 ---------- TOTAL (35,759,432) ==========
RECONCILIATION OF REVENUE PER AUDITED FS WITH REVENUE PER RETURN	SCHEDULE D, PART XII, LINE 4B - OTHER REV	RENTAL EXPENSE (726,887) COST OF GOODS SOLD (2,843,884) ---------- TOTAL (3,570,771) ==========
RECONCILIATION OF EXPENSES PER AUDITED FS WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII, LINE 2D - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN	RENTAL EXPENSE 726,887 COST OF GOODS SOLD 2,843,884 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 494,679 POST RETIREMENT BENEFIT 2,233,473 ---------- TOTAL 6,298,923 ==========
RECONCILIATION OF EXPENSES PER AUDITED FS WITH EXPENSES PER RETURN	SCHEDULE D, PART XIII, LINE 4B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS	SCHOLARSHIP EXPENSE 38,487,584 ---------- TOTAL 38,487,584 ==========

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I

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

Part II Supplemental Information

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

Identifier	Return Reference	Explanation
NON-DISCRIMINATORY POLICY	SCHEDULE E, LINE 3	THE UNIVERSITY PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY POLICY ANNUALLY IN THE UNIVERSITY CATALOGUE FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT AGENCY SCHEDULE E, LINE 6A COLGATE UNIVERSITY PARTICIPATES IN THE TITLE IV AID PROGRAMS OF THE FEDERAL GOVERNMENT, RECEIVES RESTRICTED GRANTS AND UNRESTRICTED GIFTS FROM THE STATE OF NEW YORK AND WILL APPLY AS APPROPRIATE FOR GRANTS AWARDED ON A COMPETITIVE BASIS BY THE STATE OR FEDERAL GOVERNMENT

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
East Asia and the Pacific		3	Program Services	Study Group	629,471
Central America and the Caribbean		1	Program Services	Study Group	66,067
Europe (Including Iceland and Greenland)		11	Program Services	Study Group	1,966,075
South Asia		1	Program Services	Study Group	32,436
Central America and the Caribbean			Investments		208,151,920
Europe (Including Iceland and Greenland)			Investments		657,015
North America			Investments		10,075,550
Sub-Saharan Africa			Investments		1,434,875
3a Sub-total		16			223,013,409
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		16			223,013,409

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	PART I, LINE 2	Funds are provided for the benefit of Colgate University Study Groups WHICH ARE monitored and managed by employees of Colgate University Full accounting and reconciliation procedures are performed for every study group TRIP

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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

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 PRS CLB AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	27,707			27,707
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,707			27,707
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	54,892			54,892
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	68,673			68,673
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				123,565
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-95,858

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HAMILTON CENTRAL SCHOOL47 WEST KENDRICK STREET HAMILTON,NY 13346			216,627				GEN FUND & EQUIP
(2) PARTNERSHIP FOR COMMUNITY DEVELOPMENT11 PAYNE STREET HAMILTON,NY 13346			50,000				GENERAL FUNDING
(3) TOWN OF HAMILTON16 BROAD STREET HAMILTON,NY 13346			81,103				GENERAL FUNDING
(4) VILLAGE OF HAMILTON HAMILTON FIRE DEPARTMENT 3 BROAD STREET HAMILTON,NY 13346			174,764				GEN FUND & TRUCKS
(5) COMMUNITY MEMORIAL HOSPITAL150 BROAD STREET HAMILTON,NY 13346	15-0548010	501(C)(3)	100,000				GENERAL FUNDING

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶

Part III **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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS TO STUDENTS	1130		38,487,584		Tuition

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

Identifier	Return Reference	Explanation
GRANT PROCEDURES		COLGATE UNIVERSITY OFFERS GRANTS & LOANS TO STUDENTS ON THE BASIS OF DEMONSTRATED FINANCIAL NEED STUDENTS MUST MEET CERTAIN ELIGIBILITY REQUIREMENTS GRANTS AND LOANS ARE ADMINISTERED BY THE STUDENT AID OFFICE STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER DOCUMENTS TO SUPPORT THEIR CLAIM FOR FINANCIAL ASSISTANCE COLGATE ALSO OFFERS A LIMITED NUMBER OF ATHLETIC SCHOLARSHIPS (NON-NEED BASED) THAT ARE AVAILABLE FOR SELECT INTERCOLLEGIATE SPORTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

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

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

Note. The sum of columns (B)(i)-(iii) 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY HERBST	(i)	208,673	0	10,391	25,223	37,972	282,259	0
	(ii)	0	0	0	0	0	0	0
(2) LYLE ROELOFS	(i)	261,731	0	4,708	36,764	45,223	348,426	0
	(ii)	0	0	0	0	0	0	0
(3) DAVID HALE	(i)	234,662	0	1,794	65,292	12,244	313,992	0
	(ii)	0	0	0	0	0	0	0
(4) MURRAY DECOCK	(i)	238,138	100,000	11,606	21,363	28,108	399,215	0
	(ii)	0	0	0	0	0	0	0
(5) CHARLOTTE JOHNSON	(i)	176,856	0	2,045	21,265	21,604	221,770	0
	(ii)	0	0	0	0	0	0	0
(6) ROBERT TYBURSKI	(i)	213,245	40,000	2,082	31,561	12,397	299,285	0
	(ii)	0	0	0	0	0	0	0
(7) ANTHONY AVENI	(i)	175,031	0	4,416	26,260	13,605	219,312	0
	(ii)	0	0	0	0	0	0	0
(8) DAVID ROACH	(i)	202,716	0	21,025	31,407	17,062	272,210	0
	(ii)	0	0	0	0	0	0	0
(9) KEENAN GRENELL	(i)	159,793	0	14,934	20,159	23,398	218,284	0
	(ii)	0	0	0	0	0	0	0
(10) ELLEN KRALY	(i)	153,824	0	20,572	21,584	6,951	202,931	0
	(ii)	0	0	0	0	0	0	0
(11) MERRILL MILLER	(i)	169,275	0	1,980	24,164	6,998	202,417	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST CLASS TRAVEL	COLGATE DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS HOWEVER, FOR UNUSUALLY LONG FLIGHTS, SUCH TRAVEL MAY BE PERMITTED PROVIDED THERE IS APPROVAL IN ADVANCE ON OCCASION, THE PRESIDENT AND ADVANCEMENT PERSONNEL FLY VIA CHARTER AIRCRAFT ALL SUCH TRAVEL IS APPROVED IN ADVANCE AND ONLY WHEN COMMERCIAL TRAVEL IS NOT PRACTICAL TRAVEL FOR COMPANIONS EXPENSES FOR COMPANION TRAVEL WERE INCURRED BY PRESIDENT HERBST ON A LIMITED BASIS COLGATE ALLOWS COMPANION TRAVEL ONLY ON OCCASIONS WHERE THERE IS A SPECIFIC BUSINESS PURPOSE, SUCH AS ATTENDANCE AT FUNDRAISING EVENTS HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE ATHLETIC DIRECTOR ROACH AND DEAN GRENNELL RECEIVED HOUSING ALLOWANCES BUT WERE TAXED ON THEIR VALUE HOUSING ALLOWANCES ARE GRANTED ONLY WHEN IT IS SPECIFICALLY STATED IN AN EMPLOYMENT CONTRACT SUCH AN ALLOWANCE IS PART OF AN EMPLOYEE'S TAXABLE COMPENSATION AND IS APPROVED AS PART OF THE EMPLOYEE'S COMPENSATION PACKAGE PRESIDENT HERBST, DEAN ROELOFS, AND DEAN JOHNSON WERE REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF THEIR EMPLOYMENT AND FOR THE CONVENIENCE OF COLGATE COLGATE PROVIDES HOUSING FOR EMPLOYEES WHEN THERE IS A REQUIREMENT TO LIVE IN UNIVERSITY HOUSING STIPULATED IN AN INDIVIDUAL'S EMPLOYMENT CONTRACT PERSONAL SERVICES PRESIDENT HERBST RECEIVED CERTAIN PERSONAL SERVICES PROVIDED AT HIS HOUSE SUCH SERVICES WERE STIPULATED IN PRESDIENT HERBST'S EMPLOYMENT CONTRACT SCHEDULE J, PART I, LINE 8 PRESIDENT HERBST WAS EMPLOYED AT COLGATE UNIVERSITY AS OF JUNE 1, 2010 AND THEREFORE THE INITIAL CONTRACT EXCEPTION APPLIES SCHEDULE J, PART II, COLUMN (C) DEFERRED COMPENSATION REPRESENTS CONTRIBUTIONS TO AN EMPLOYER SPONSORED 403 (b) PLAN EMPLOYEE CONTRIBUTIONS EMPLOYEE CONTRIBUTIONS TO DEFINED COMPENSATION PLANS ARE INCLUDED AS PART OF BASE COMPENSATION THIS YEAR

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MCCRC - SERIES 2010A	27-2499520	557363AS7	05-25-2010	36,532,630	CONST PROJ & REFIN SERIES 1998		X		X		X
B	MCIDA - SERIES 2003A	52-1325841	557365BU6	04-09-2003	16,603,499	REFINANCING SERIES 1993A		X		X		X
C	MCIDA - SERIES 2003B	52-1325841	557365BU6	08-06-2003	20,410,579	VARIOUS CONSTRUCTION PROJECTS		X		X		X
D	MCIDA - SERIES 2004A	52-1325841	557365BXO	04-02-2004	46,570,507	VARIOUS CONSTRUCTION PROJECTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	92,988	4,280,062		138,648
2	Amount of bonds legally defeased				
3	Total proceeds of issue	36,532,630	16,603,499	20,410,579	46,570,507
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	681,532	332,070	408,211	931,410
8	Credit enhancement from proceeds	635,000			635,000
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,587,574	3,444	20,002,368	45,004,097
11	Other spent proceeds	20,850,672	16,267,985		
12	Other unspent proceeds	8,412,852			
13	Year of substantial completion	2007		2007	2007
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	X /	/ X	/ X
15	Were the bonds issued as part of an advance refunding issue?	/ X	X /	/ X	/ X
16	Has the final allocation of proceeds been made?	/ X	X /	X /	X /
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X				X	X	
b	Are there any research agreements that may result in private business use of bond-financed property?		X				X		X
c	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				X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 800 %		1 400 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 800 %		1 400 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X				X		X	

Part IV Arbitrage

		A		B		C		D	
		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		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X	X	
b	Name of provider	MORGAN STANLEY						MORGAN STANLEY	
c	Term of GIC		3 4						3 4
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X						X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) TUITION BENE FOR CHILDREN	REPORTED INDIVIDUAL	26,814

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HUGH BRADFORD	SPOUSE OF SECRETARY	7,273	EMPLOYEE AT COLGATE UNIVERISTY		No
(2) INGRID HALE	SPOUSE OF VP F & A	76,136	EMPLOYEE AT COLGATE UNIVERISTY		No
(3) MARCELLE TYBURSKI	SPOUSE OF SECRETARY	107,531	EMPLOYEE AT COLGATE UNIVERISTY		No
(4) SHARON POLANSKY	SPOUSE OF PRESIDENT	35,703	EMPLOYEE AT COLGATE UNIVERSTIY		No
(5) MURRAY DECOCK	BROTHER IN LAW OF TRUSTEE	413,915	EMPLOYEE AT COLGATE UNIVERSITY		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	6	166,300	APPRAISAL
2 Art—Historical treasures	X	1	1	APPRAISAL
3 Art—Fractional interests				
4 Books and publications	X		951	FMV
5 Clothing and household goods				
6 Cars and other vehicles	X	1	1	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	334	13,518,572	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	701	APPRAISAL
19 Food inventory	X	46	1,211	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	1	1,500	APPRAISAL
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	4	123,457	FMV
26 Other ▶ (SERVICES)	X	13	18,720	FMV
27 Other ▶ (MISCELLANEOUS)	X	30	24,340	FMV
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 3

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

Identifier	Return Reference	Explanation
SCHEDULE M, PART, I, COLUMN (b)	BASED ON NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, LINE 32B ARRANGEMENTS WITH THIRD PARTIES OR RELATED ORGANIZATIONS COLGATE UNIVERSITY GENERALLY USES JP MORGAN CHASE TO FACILITATE THE SALE OF PUBLICLY TRADED STOCK

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	PROGRAM SERVICE ACCOMPLISHMENTS	COLGATE UNIVERSITY'S MISSION IS TO PROVIDE A DEMANDING, EXPANSIVE EDUCATIONAL EXPERIENCE TO A SELECT GROUP OF DIVERSE, TALENTED, INTELLECTUALLY SOPHISTICATED STUDENTS WHO ARE CAPABLE OF CHALLENGING THEMSELVES, THEIR PEERS, AND THEIR TEACHERS IN A SETTING THAT BRINGS TOGETHER LIVING AND LEARNING THE PURPOSE OF THE UNIVERSITY IS TO DEVELOP WISE, THOUGHTFUL, CRITICAL THINKERS AND PERCEPTIVE LEADERS BY ENCOURAGING YOUNG MEN AND WOMEN TO FULFILL THEIR POTENTIAL THROUGH RESIDENCE IN A COMMUNITY THAT VALUES ALL FORMS OF INTELLECTUAL RIGOR AND RESPECTS THE COMPLEXITY OF HUMAN UNDERSTANDING

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 4B	COUNTRIES OF FOREIGN BANK ACCOUNTS	AUSTRALIA FRANCE GERMANY JAMAICA JAPAN SPAIN SWITZERLAND UNITED KINGDOM

Identifier	Return Reference	Explanation
FORM 990, PART VI	GOVERNANCE, MANAGEMENT, AND DISCLOSURE	SECTION A - GOVERNING BODY AND MANAGEMENT LINE 2 TRUSTEE HERLING AND KEY EMPLOYEE DECOCK HAVE A FAMILY RELATIONSHIP SECTION B - POLICIES LINE 11B MANAGEMENT WORKS TOGETHER WITH ITS TAX CONSULTANTS TO GATHER THE REQUIRED INFORMATION NECESSARY TO PREPARE A DRAFT OF THE FORM 990 ONCE A DRAFT IS COMPLETED, IT IS THEN REVIEWED WITH THE AUDIT COMMITTEE, MANAGEMENT, AND THE TAX CONSULTANTS ONCE THE REVIEW IS COMPLETED AND EDITS ARE MADE, IF NECESSARY, A FINAL FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD BEFORE FILING IT WITH THE IRS LINE 12C EACH TRUSTEE AND OFFICER OF COLGATE UNIVERSITY IS REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ON COLGATE'S DISCLOSURE STATEMENT (A) ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH COLGATE OR ANY AFFILIATED ORGANIZATION OR WITH ORGANIZATIONS THAT DO BUSINESS WITH COLGATE OR ANY AFFILIATED ORGANIZATIONS OR (B) OTHER PERSONAL, FAMILY, FINANCIAL, OR BUSINESS RELATIONSHIPS THAT OTHERWISE COULD BE CONSTRUED TO AFFECT THE INDEPENDENT, UNBIASED JUDGMENT OF SUCH TRUSTEE OR OFFICER IN LIGHT OF HIS OR HER DECISION-MAKING AUTHORITY OR RESPONSIBILITIES FOR COLGATE THE DISCLOSURE STATEMENTS ARE SUBMITTED TO THE TREASURER'S OFFICE, REVIEWED BY THAT OFFICE, OUTSIDE COUNSEL TO THE UNIVERSITY AND THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES A REPORT IS MADE TO THE FULL AUDIT COMMITTEE AND THE BOARD OF TRUSTEES IN THE EVENT A POSSIBLE CONFLICT OF INTEREST IS IDENTIFIED, THE MATTER IS ADDRESSED INITIALLY WITH THE AUDIT COMMITTEE AND, IF NECESSARY, ULTIMATELY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES LINE 14 THE UNIVERSITY ADMINISTRATION HAS UNDERTAKEN TO EXAMINE THE EFFICACY OF A CAMPUS-WIDE DOCUMENT RETENTION AND DESTRUCTION POLICY INTENDED TO REPLACE INDIVIDUAL DEPARTMENT-LEVEL POLICIES IF DEVELOPED, A PROPOSED CAMPUS-WIDE POLICY WILL BE SUBMITTED TO THE UNIVERSITY'S BOARD OF TRUSTEES FOR ITS APPROVAL LINE 15A & B COLGATE UNIVERSITY HAS AN INDEPENDENT COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEE CONSIDERS MARKET AND SURVEY DATA THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES SECTION C - DISCLOSURE LINE 19 COLGATE UNIVERSITY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 99,933,719 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 494,679 POST RETIREMENT BENEFIT 2,233,473 DONATED SERVICES/GIFTS IN-KIND 337,182 PRIOR PERIOD ADJUSTMENT 3,286,199 ---------- TOTAL 106,285,252 ==========

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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

2010

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COLGATE INN LLC 11 PAYNE STREET HAMILTON, NY 13346 16-1601117	LODGING/FOOD	NY	-595,254	9,583,750	NA
(2) HAMILTON INITIATIVE LLC PO BOX 219 HAMILTON, NY 13346 16-1584169	REAL ESTATE	NY	-280,960	7,683,456	NA
(3) PALACE THEATER LLC PO BOX 207 HAMILTON, NY 13346 01-0549094	entert venue	NY	-206,886	1,803,247	NA
(4) HAMILTON THEATER LLC PO BOX 1895 7 LEBANON ST HAMILTON, NY 13346 05-0535870	MOVIE THEATER	NY	-81,637	1,156,918	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Colgate Alumni Corporation Inc 13 oak drive hamilton, NY 13346 15-0532083	Alum Affairs	NY	501(C)(3)	11	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (66)	SUPPORT						

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COLGATE ALUMNI CORPORATION INC	B,L,M	76,726	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0532078
Name: COLGATE UNIVERSITY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY HERBST PRESIDENT	60 0	X		X				219,064	0	63,195
LYLE ROELOFS PROVOST/DEAN OF FACULTY	60 0	X		X	X			266,439	0	81,987
BRION B APPLEGATE TRUSTEE	3 0	X						0	0	0
DEWEY AWAD TRUSTEE	3 0	X						0	0	0
TODD C BROWN TRUSTEE	3 0	X						0	0	0
J CHRISTOPHER CLIFFORD TRUSTEE	3 0	X						0	0	0
ERIC A COLE TRUSTEE	3 0	X						0	0	0
NANCY C CROWN TRUSTEE	3 0	X						0	0	0
JEFFREY B FAGER TRUSTEE	3 0	X						0	0	0
MARK G FALCONE TRUSTEE	3 0	X						0	0	0
ROGER A FERLO TRUSTEE	3 0	X						0	0	0
MARGARET A FLANAGAN TRUSTEE	3 0	X						0	0	0
GREGORY J FLEMING TRUSTEE	3 0	X						0	0	0
RAMON A GARCIA TRUSTEE UNTIL OCT 2010	3 0	X						0	0	0
RICHARD W HERBST TRUSTEE	3 0	X						0	0	0
MICHAEL J HERLING TRUSTEE	3 0	X						0	0	0
STEPHEN R HOWE JR TRUSTEE	3 0	X						0	0	0
DANIEL B HURWITZ TRUSTEE	3 0	X						0	0	0
ROBERT A KINDLER TRUSTEE	3 0	X						0	0	0
MICHAEL S MARTIN TRUSTEE	3 0	X						0	0	0
SCOTT A MEIKLEJOHN TRUSTEE	3 0	X						0	0	0
MARK D NOZETTE TRUSTEE	3 0	X						0	0	0
JUNG H PAK TRUSTEE	3 0	X						0	0	0
WILBERT C REDMOND TRUSTEE	3 0	X						0	0	0
M GERALD SEDAM II TRUSTEE	3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY J SMALL TRUSTEE	3 0	X						0	0	0
JAMES A SMITH TRUSTEE	3 0	X						0	0	0
JOANNE D SPIGNER TRUSTEE	3 0	X						0	0	0
EDWARD M WERNER TRUSTEE	3 0	X						0	0	0
EMILY H BRADLEY TRUSTEE	3 0	X						0	0	0
DENIS CRONIN TRUSTEE	3 0	X						0	0	0
STEPHEN J ERRICO TRUSTEE	3 0	X						0	0	0
WILLIAM A JOHNSTON TRUSTEE	3 0	X						0	0	0
JOHN C SHAW TRUSTEE	3 0	X						0	0	0
LEE WOODRUFF TRUSTEE	3 0	X						0	0	0
DAVID HALE VP FINANCE & ADMIN/TREASURER	50 0			X				236,456	0	77,536
KIM WALDRON SECRETARY OF THE COLLEGE	50 0			X				59,250	0	9,514
MURRAY DECOCK VP INSTITUT ADV & CAMPAIGN	50 0				X			349,744	0	49,471
CHARLOTTE JOHNSON VP & DEAN OF COLLEGE	50 0				X			178,901	0	42,869
ROBERT TYBURSKI SECRETARY OF THE COLLEGE	50 0					X		255,327	0	43,958
MARGARET MAURER PROFESSOR	50 0					X		0	0	0
ANTHONY AVENI PROFESSOR	50 0					X		179,447	0	39,865
DAVID ROACH ATHLETIC DIRECTOR	50 0					X		223,741	0	48,469
KEENAN GRENELL VP & DEAN OF DIVERSITY/ A PROF	50 0					X		174,727	0	43,557
ELLEN KRALY PROFESSOR	50 0					X		174,396	0	28,535
MERRILL MILLER PHYSICIAN	50 0					X		171,255	0	31,162