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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 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BARNARD COLLEGE		D Employer identification number 13-1628149
	Doing Business As		E Telephone number (212) 854-7732
	Number and street (or P O box if mail is not delivered to street address) 3009 BROADWAY	Room/suite	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10027		

F Name and address of principal officer
 Gregory N Brown
 3009 Broadway
 New York, NY 10027

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.barnard.edu

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1889 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Barnard College aims to provide the highest quality liberal arts education to promising and high-achieving young women, offering the unparalleled advantages of an outstanding residential college in partnership with a major research university (see Schedule O for Barnard College's mission statement)		
	2 Check this box <input type="checkbox"/> 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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,624
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	22,343,345	25,973,600
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,577,673	121,015,211
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,210,541	6,535,158
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,409,125	1,097,669
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	140,540,684	154,621,638
	14 Benefits paid to or for members (Part IX, column (A), line 4)	26,314,989	28,435,871
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	68,910,097	74,054,428
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,504,111	170,645	156,454
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	49,774,892	50,673,086
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	145,170,623	153,319,839
19 Revenue less expenses Subtract line 18 from line 12	-4,629,939	1,301,799	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	416,148,460	443,828,441
	22 Net assets or fund balances Subtract line 21 from line 20	144,616,423	140,050,528
		271,532,037	303,777,913

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	2012-03-23
	Gregory N Brown Chief Operating Officer Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no ▶

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 for Barnard College's mission statement

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 \$ 101,547,489 including grants of \$ 28,435,871) (Revenue \$ 93,319,612)

Post-Secondary Education A Barnard education provides women with the tools and techniques needed to think critically and act effectively in the world today. It fosters a respect for learning, an aptitude for analysis, and a competence in the demanding disciplines of the liberal arts and sciences. By virtue of its special mission and location, Barnard women strengthen their insight into interconnected worlds of knowledge and experience and bolster their confidence in forging ahead with their ideas, well-prepared and unafraid.

4b (Code) (Expenses \$ 30,195,857 including grants of \$ 0) (Revenue \$ 27,695,599)

Auxiliary Enterprises - Provides services to students for a fee that is directly related to, although not necessarily equal to, the cost of the services. This category includes Housing, Dining Services, Health and Counseling Services, and Summer and Precollege Programs.

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

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 131,743,346

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		No
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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> <input checked="" type="checkbox"/>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> <input checked="" type="checkbox"/>	Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		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)		

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . .	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . .	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? <i>If "Yes," complete Schedule J</i> . . .	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . .	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . .	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . .	30	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . .	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . .	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . .	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . .	34		No
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . .	35		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . .	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	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 [X]

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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 25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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	Yes	
b	Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 <input type="checkbox"/> _____ Eileen M DiBenedetto 3009 Broadway New York, NY 10027 (212) 854-7732

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)							3,004,529	0	674,182	

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 **▶** 118

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
Weiss Manfredi Architects 130 West 29th Street New York, NY 10012	Architectural Service	193,920
KPMG LLP Dept 0511 PO Box 120001 Dallas, TX 753120511	Auditing Service	172,100
Mitchell-Giurgola Architects 693 West 29th Street New York, NY 10036	Architectural Service	193,920

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 **▶** 3

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	0				
	b Membership dues 1b	0				
	c Fundraising events 1c	1,974,845				
	d Related organizations 1d	0				
	e Government grants (contributions) 1e	7,195,400				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	16,803,355				
	g Noncash contributions included in lines 1a-1f \$	826,921				
	h Total. Add lines 1a-1f ▼		25,973,600			
Program Service Revenue		Business Code				
	2a Tuition and Fees	900099	93,033,000	93,033,000	0	0
	b Sales and Services Auxiliary Enterprise	900099	27,695,599	27,695,599	0	0
	c Toddler Center	900099	286,612	286,612	0	0
	d _____					
	e _____					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f ▼		121,015,211			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		1,279,722	1,279,722	0	0
	4 Income from investment of tax-exempt bond proceeds ▼		0	0	0	0
	5 Royalties ▼		0	0	0	0
	6a Gross Rents	(i) Real	1,818,401	0		
		(ii) Personal	0			
		b Less rental expenses	1,161,144	0		
		c Rental income or (loss)	657,257	0		
	d Net rental income or (loss) ▼		657,257	657,257	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	51,282,000	0		
		(ii) Other	0			
		b Less cost or other basis and sales expenses	46,026,564	0		
		c Gain or (loss)	5,255,436	0		
	d Net gain or (loss) ▼		5,255,436	5,255,436	0	0
	8a Gross income from fundraising events (not including \$ <u>1,974,845</u> of contributions reported on line 1c) See Part IV, line 18 a		81,400			
		b Less direct expenses b	124,376			
c Net income or (loss) from fundraising events ▼			-42,976	0	-42,976	
9a Gross income from gaming activities See Part IV, line 19 a		0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities ▼		0	0	0	
10a Gross sales of inventory, less returns and allowances a		0				
	b Less cost of goods sold b	0				
	c Net income or (loss) from sales of inventory ▼		0	0	0	
Miscellaneous Revenue		Business Code				
11a Alumnae Reunion	900099	148,506	148,506	0	0	
	b Administrative Cost Allowance	900099	48,373	48,373	0	0
	c _____					
	d All other revenue		286,509	286,509	0	0
e Total. Add lines 11a-11d ▼		483,388				
12 Total revenue. See Instructions ▼		154,621,638	128,691,014	0	-42,976	

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	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	28,075,180	28,075,180		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	360,691	360,691		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,374,807	544,039	1,590,304	240,464
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	53,229,176	44,279,223	6,402,920	2,547,033
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,614,376	4,686,234	659,480	268,662
9	Other employee benefits	8,378,245	6,697,591	1,258,297	422,357
10	Payroll taxes	4,457,824	3,541,539	701,039	215,246
a	Fees for services (non-employees)				
	Management	0	0	0	0
b	Legal	209,903	35,397	173,606	900
c	Accounting	235,300	0	235,300	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	156,454			156,454
f	Investment management fees	544,791	0	544,791	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	4,328,829	3,007,529	1,033,510	287,790
14	Information technology	1,020,242	198,517	812,925	8,800
15	Royalties	0	0	0	0
16	Occupancy	12,571,080	11,411,705	1,093,303	66,072
17	Travel	992,603	749,532	211,423	31,648
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	930,209	773,872	151,987	4,350
20	Interest	4,282,877	4,282,877	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	6,561,803	5,988,141	519,855	53,807
23	Insurance	516,560	384,223	132,337	0
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	Study abroad	2,987,725	2,987,725	0	0
b	Student board	5,501,030	5,501,030	0	0
c	Columbia Agreements	4,849,543	4,849,543	0	0
d	Catering	1,011,084	534,816	413,442	62,826
e	Consultant	1,732,443	870,955	736,791	124,697
f	All other expenses	2,397,064	1,982,987	401,072	13,005
25	Total functional expenses. Add lines 1 through 24f	153,319,839	131,743,346	17,072,382	4,504,111
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	28,290,655	1	29,131,728
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	20,670,060	3	20,007,258
	4 Accounts receivable, net	68,019	4	66,557
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	3,977,429	7	3,557,045
	8 Inventories for sale or use	978,087	8	171,468
	9 Prepaid expenses and deferred charges	3,024,822	9	4,004,904
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	280,053,939		
	b Less accumulated depreciation	128,419,784	151,347,799	10c 151,634,155
	11 Investments—publicly traded securities	12,381,445	11	15,903,494
	12 Investments—other securities. See Part IV, line 11	179,504,792	12	208,248,434
	13 Investments—program-related. See Part IV, line 11	12,411,910	13	9,449,832
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,493,442	15	1,653,566
16 Total assets. Add lines 1 through 15 (must equal line 34)	416,148,460	16	443,828,441	
Liabilities	17 Accounts payable and accrued expenses	14,620,759	17	13,020,024
	18 Grants payable	2,237,949	18	2,186,521
	19 Deferred revenue	3,868,468	19	3,571,465
	20 Tax-exempt bond liabilities	103,265,132	20	100,547,631
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,186,258	23	1,000,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	19,437,857	25	19,724,887
	26 Total liabilities. Add lines 17 through 25	144,616,423	26	140,050,528
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	87,279,673	27	72,222,529
	28 Temporarily restricted net assets	70,334,669	28	112,584,232
	29 Permanently restricted net assets	113,917,695	29	118,971,152
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	271,532,037	33	303,777,913	
34 Total liabilities and net assets/fund balances	416,148,460	34	443,828,441	

Part XI Reconciliation 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	154,621,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,319,839
3	Revenue less expenses Subtract line 2 from line 1	3	1,301,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,532,037
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,944,077
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	303,777,913

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BARNARD COLLEGE

Employer identification number

13-1628149

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box 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?
 - (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?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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 section 501(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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Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 13-1628149
Name: BARNARD COLLEGE

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			
Judith E Boies Trustee	5	X						0	0	0
Lee C Bollinger Ex-Officio	5	X						0	0	0
Binta Niambi Brown Trustee	5	X						0	0	0
Jolyne Caruso Fitzgerald Chair	5	X						0	0	0
Lois G Champy Trustee	5	X						0	0	0
Lisa S Cohen Trustee	5	X						0	0	0
Dina Deluca Chartouni Trustee	5	X						0	0	0
James M Dow Trustee	5	X						0	0	0
Joan Freilich Trustee	5	X						0	0	0
Nancy A Garvey Trustee	5	X						0	0	0
Sibyl R Golden Trustee	5	X						0	0	0
Alison Estabrook Trustee	5	X						0	0	0
Linda Fayne Levinson Trustee	5	X						0	0	0
Myrna Fishman Fawcett Trustee	5	X						0	0	0
MaryAnn LoFrumento Trustee	5	X						0	0	0
Cheryl G Milstein Trustee	5	X						0	0	0
Anthony W Marx Trustee	5	X						0	0	0
Azita Raji Trustee	5	X						0	0	0
William R Reid Trustee	5	X						0	0	0
Eric R Rosenfeld Trustee	5	X						0	0	0
Frances I Sadler Trustee	5	X						0	0	0
Ravi Singh Trustee	5	X						0	0	0
Cynthia Stivers Trustee	5	X						0	0	0
Maureen Strafford Trustee	5	X						0	0	0
Diana T Vagelos Vice Chair	5	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			
Debora Spar Ex-Officio and President	40		X	X				418,315	0	88,329
Gregory N Brown Chief Operating Officer	40			X				233,946	0	48,940
Elizabeth S Boylan Provost and Dean of The Faculty	40			X				223,481	0	47,255
Dorothy S Denburg VP College Relations	40			X				163,028	0	64,567
Lisa Gamsu VP of Administration and Capital Planning	40			X				176,158	0	34,400
Avis Hinkson Dean of the College	40			X				0	0	0
Joanne Kwong VP Communications	40			X				148,543	0	36,246
Vivian Taylor Chief of Staff and VP for Community Development	40			X				110,627	0	35,818
Bret Silver VP of Development	40			X				0	0	0
Peter Balsam Professor	40					X		192,912	0	46,679
Robert McCaughey Professor	40					X		193,380	0	41,758
Dusa McDuff Professor	40					X		223,588	0	42,042
Anne L Prescott Professor	40					X		192,318	0	34,897
Rae Silver Professor	40					X		289,757	0	50,207
Michael S Feierman General Counsel	40						X	156,642	0	52,462
Roberta Mark VP Development and Alumnae Affairs	40						X	281,834	0	50,582
Rosa Alonso Trustee	5						X	0	0	0
Laura Jacobs Blankfein Trustee	5						X	0	0	0
Jeanine Plottel Trustee	5						X	0	0	0
Zahava B Straus Trustee	5						X	0	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization BARNARD COLLEGE

Employer identification number 13-1628149

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important 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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
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; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	184,014,662	165,305,949	212,711,700		
b Contributions	3,637,098	2,562,445	1,930,101		
c Investment earnings or losses	37,263,758	25,699,698	-39,167,089		
d Grants or scholarships	4,393,254	3,297,095	5,113,537		
e Other expenditures for facilities and programs	4,488,747	5,584,906	4,235,462		
f Administrative expenses	544,791	671,429	819,764		
g End of year balance	215,488,726	184,014,662	165,305,949		

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

- a** Board designated or quasi-endowment 13 %
- b** Permanent endowment 54 %
- c** Term endowment 33 %

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	0	1,233,967		1,233,967
b Buildings	0	245,832,242	103,660,671	142,171,571
c Leasehold improvements	0	0	0	0
d Equipment	0	29,194,223	24,492,222	4,702,001
e Other	0	3,793,507	266,891	3,526,616
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				151,634,155

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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) Private Equity/Real Assets	61,285,369	F
(B) Emerging Markets	13,332,981	F
(C) Fixed Income	12,024,223	F
(D) Marketable Alternative Strategies (i.e. Hedge Funds)	57,065,383	F
(E) Global Equity Funds	58,738,399	F
(F) Mutual Funds	5,802,079	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	208,248,434	

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
(1) Deposit with Trustee	9,449,832	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	9,449,832	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Miscellaneous Receivables	1,375,866
(2) Art Donation - Bench	175,000
(3) Art Donation - Piano	75,000
(4) Other	27,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	1,653,566

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Liability under split interest agreement	4,277,205
Postretirement benefits payable	12,561,977
Asset retirement obligation	2,024,902
Obligation under derivative instrument	860,803
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	19,724,887

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 (ASC 740)

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	154,621,638
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	153,319,839
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,301,799
4	Net unrealized gains (losses) on investments	4	30,944,077
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	30,944,077
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	32,245,876

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	120,403,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,562,842
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	2,562,842
3	Subtract line 2e from line 1	3	117,840,158
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	0
b	Other (Describe in Part XIV)	4b	36,781,480
c	Add lines 4a and 4b	4c	36,781,480
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	154,621,638

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

1	Total expenses and losses per audited financial statements	1	126,244,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	1,285,520
e	Add lines 2a through 2d	2e	1,285,520
3	Subtract line 2e from line 1	3	124,958,480
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	544,791
b	Other (Describe in Part XIV)	4b	27,816,568
c	Add lines 4a and 4b	4c	28,361,359
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	153,319,839

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
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The art and historical treasures primarily consist of paintings and drawings maintained for the preservation for future generations In addition in Fiscal 2011, the College received a marble bench valued at \$175,000, and a piano valued \$70,000 At June 30, 2011 the value of such assets of the College were \$346,145
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment consists of approximately 800 individual funds established for a variety of purposes, including both donor-restricted endowment funds and funds designated by the College to function as endowments (quasi-endowments) Annual spending from the endowment is set at 5% of the rolling three year average of the endowment's market value as of December 31st of the previous year and is approved annually by the Board of Trustees The College capped the endowment spending for 2011 to the prior year's amount of \$8,882,000 This spending was used in accordance with donor or Board restrictions The donor and Board restrictions include financial aid, instructional support, student internships, faculty research and support, and general operations of the College The endowment funds listed in 1a through 1g exclude perpetual trusts and pledges of approximately \$3.1 million at June 30, 2011 The perpetual trusts are held and administered for Barnard College by unrelated organizations
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The College follows the guidance of ASC 740-10, Accounting for Uncertainty in Income Taxes, which addresses the accounting for uncertainties in income taxes recognized in an enterprise's financial statements The College utilizes a threshold for more-likely than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return ASC 740-10 also provides related guidance on the measurement, classification, interest and penalties, and disclosures
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Other consists of Contributions to endowment funds \$5,119,000, Contributions for plant improvements \$3,598,000, Change in value of split interest agreements \$914,000, Financial aid allowance \$28,436,000, Fundraising events expense (\$124,376), and rental expense for non program service areas (\$1,161,144)
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Other consists of fundraising event expense \$124,376, and rental expense for non program services areas \$1,161,144
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Other consists of Financial aid allowance \$28,436,000 Change in value of obligation under derivative instrument \$(410,544) and Postretirement benefit cost other than net periodic benefit cost \$(208,888)

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BARNARD COLLEGE

Employer identification number

13-1628149

Part I

- 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?
- 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?
- 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.

	YES	NO
1 Yes		
2 Yes		
3		No
4a Yes		
4b Yes		
4c Yes		
4d Yes		
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a Yes		
6b		No
7 Yes		

- 4** Does the organization maintain the following?
 - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
 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?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
 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?
- 6b** Has the organization's right to such aid ever been revoked or suspended?
- 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.

Part III 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
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Since Barnard College draws its students from a large geographic section (nationwide and worldwide), it does not publicize by newspaper or broadcast media, but includes its nondiscriminatory policy in all of its literature to students, schools and organizations.
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Barnard College receives funds from the following federal programs: College Federal Work Study, Basic Educational Opportunity Grants (Pell), Supplementary Educational Opportunity Grants, Federal Perkins Loans, Academic Competitiveness Grant, National SMART Grant, and Higher Education Opportunity Grant.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BARNARD COLLEGE

Employer identification number

13-1628149

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

Table with 6 columns: (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) 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. Includes sub-totals and a total of 57,910,603.

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
SchF_P01_S00_L03	Schedule F, Part I, Line 3	(a) (6) As part of the College's endowment, the College owns interest in several Cayman Island limited partnerships. The fair value of such investment at June 30, 2011 amounted to \$56,522,487. These investment partnerships hold, directly and indirectly, investments in both domestic and foreign corporations.

Identifier	Return Reference	Explanation
SchF_P04_S00_L00	Schedule F, Part IV	The foreign forms required will be filed by the College by the end of the current fiscal year (June 30, 2012)

Schedule F (Form 990) 2010

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 13-1628149
Name: BARNARD COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Program Services	Research	109,882
Europe (including Iceland and Greenland)	0	0	Program Services	Study Abroad	797,388
Europe (including Iceland and Greenland)	0	0	Program Services	Admissions	11,578
Europe (including Iceland and Greenland)	0	0	Program Services	Alum Relations	17,145
Europe (including Iceland and Greenland)	0	0	Program Services	instruction	21,331
Central America and the Caribbean	0	0	Program Services	Research	18,111
Central America and the Caribbean	0	0	Investments	Investments	56,522,487
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Research	18,183
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Study Abroad	8,234
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Admissions	2,668
South Asia	0	0	Program Services	Research	16,000
South Asia	0	0	Program Services	Admissions	4,640
Sub-Saharan Africa	0	0	Program Services	Research	51,157
Sub-Saharan Africa	0	0	Program Services	Admissions	1,803
Sub-Saharan Africa	0	0	Program Services	Symposium	123,232
Middle East and North Africa	0	0	Program Services	Research	9,613
Middle East and North Africa	0	0	Program Services	Alum Relations	12,783
Middle East and North Africa	0	0	Program Services	Study Abroad	41,580
Middle East and North Africa	0	0	Program Services	Admissions	3,534
South America	0	0	Program Services	Research	4,000
South America	0	0	Program Services	Study Abroad	4,587
South America	0	0	Program Services	Admissions	1,568
East Asia and the Pacific	0	0	Program Services	Research	7,108
East Asia and the Pacific	0	0	Program Services	Study Abroad	40,993
East Asia and the Pacific	0	0	Program Services	Research	60,998

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
BARNARD COLLEGE

Employer identification number

13-1628149

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Linda B Nelson 881 Main Street South Woodbury, CT 06798	Research		No	0	50,632	-50,632
Prospect Research Inc 80 Eighth Avenue Suite 101 New York, NY 10011	Research		No	0	5,350	-5,350
Karen B Schwartz 29 Washington Avenue Apt 1 Hastings, NY 10706	Correspondence		No	0	28,700	-28,700
Buckley Hall Events 17 19 Marble Avenue Pleasantville, NY 10570	Event Mgt		No	2,056,245	71,772	1,984,473
Total				2,056,245	156,454	1,899,791

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.

CA, CT, DC, NJ, NY

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	(b) Event #2	(c) Other Events	(d) Total Events
		Scholarship Gala			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,056,245		2,056,245
	2	Less Charitable contributions	1,974,845		1,974,845
	3	Gross income (line 1 minus line 2)	81,400		81,400
Direct Expenses	4	Cash prizes	0		0
	5	Non-cash prizes	0		0
	6	Rent/facility costs	0		0
	7	Food and beverages	102,485	0	102,485
	8	Entertainment	0	0	0
	9	Other direct expenses	21,891		21,891
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Combine lines 3 and 10 in column (d) ▶				-42,976

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	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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
------------	-----------------	-------------

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
See Additional Data Table					

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
SchI_P01_S00_L02	Schedule I, Part I, Line 2	All Federal financial aid administered by Barnard College is based on demonstrated need as determined by the Federal Methodology formula. However institutional aid is determined using a Barnard Need Analysis formula which takes into consideration all sources of income and all assets. Barnard gives no merit on scholarships. The College believes that the primary responsibility for financing educational cost rests with each student's family, and all college aid is supplementary to family resources. Once need has been established, Barnard makes every effort to meet the need of all eligible students with a combination of grants, loans and employment opportunities. A student who is admitted to Barnard with financial aid can not be guaranteed college grants for future years. Awards are for one academic year only. A student can receive Barnard aid for a maximum of eight semesters. Each semester a student is enrolled is counted towards the eight semester of eligibility whether or not aid was received. No financial aid is given for summer study. If a student has room in her academic year financial aid package and has not already borrowed the maximum loans, these funds may be borrowed during the academic year to be used for classes the following summer. For financial statement purposes, the Pell grant awards of 2,239,532 are excluded.

Software ID: 10000077
Software Version: v1.00
EIN: 13-1628149
Name: BARNARD COLLEGE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
Barnard Grants for Tuition/Board Assistance	956	27,128,399			
Basic Educational Opportunity Grants (Pell)	511	2,239,532			
Federal College Work Study	333	264,789			
Supplementary Educational Opportunity Grants	197	389,691			
Higher Education Opportunity Grant	91	178,000			
Academic Competitiveness Grant	229	225,900			
National Smart Grant	36	134,000			
Stipends / Honorarium	65	115,092			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BARNARD COLLEGE

Employer identification number

13-1628149

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>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?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>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.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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) Debora Spar	(i)	377,777	0	40,538	0	88,329	506,644	0
	(ii)	0	0	0	0	0	0	0
(2) Gregory N Brown	(i)	233,946	0	0	0	48,940	282,886	0
	(ii)	0	0	0	0	0	0	0
(3) Michael S Feierman	(i)	156,642	0	0	0	52,462	209,104	0
	(ii)	0	0	0	0	0	0	0
(4) Elizabeth S Boylan	(i)	223,481	0	0	0	47,255	270,736	0
	(ii)	0	0	0	0	0	0	0
(5) Dorothy S Denburg	(i)	163,028	0	0	0	64,567	227,595	0
	(ii)	0	0	0	0	0	0	0
(6) Roberta Mark	(i)	281,834	0	0	0	50,582	332,416	0
	(ii)	0	0	0	0	0	0	0
(7) Lisa Gamsu	(i)	176,158	0	0	0	34,400	210,558	0
	(ii)	0	0	0	0	0	0	0
(8) Rae Silver	(i)	289,757	0	0	0	50,207	339,964	0
	(ii)	0	0	0	0	0	0	0
(9) Robert McCaughey	(i)	193,380	0	0	0	41,757	235,137	0
	(ii)	0	0	0	0	0	0	0
(10) Peter Balsam	(i)	192,912	0	0	0	46,679	239,591	0
	(ii)	0	0	0	0	0	0	0
(11) Dusa McDuff	(i)	223,588	0	0	0	42,042	265,630	0
	(ii)	0	0	0	0	0	0	0
(12) Anne L Prescott	(i)	192,318	0	0	0	34,897	227,215	0
	(ii)	0	0	0	0	0	0	0
(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
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The President's employment contract documents the housing allowance and tax indemnification and gross up payments
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Michael S Feierman received severance payment

**Schedule K
(Form 990)**

OMB No 1545-0047

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.**

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BARNARD COLLEGE

Employer identification number

13-1628149

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	Dormitory Authority of the State of New York	14-6000293	64983U7Q7	02-04-2004	28,880,374	See Part V		X		X		X
B	Dormitory Authority of the State of New York	14-6000293	649903NL1	07-11-2007	50,184,096	See Part V		X		X		X
C	Dormitory Authority of the State of New York	14-6000293	649903ZP9	04-24-2008	28,040,000	See Part V		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	28,880,374		50,184,096		28,040,000			
4	Gross proceeds in reserve funds	1,222,661		2,921,729		5,305,024			
5	Capitalized interest from proceeds	2,323,773		2,372,625		0			
6	Proceeds in refunding escrow	0		23,106,537		27,612,047			
7	Issuance costs from proceeds	574,425		615,989		372,367			
8	Credit enhancement from proceeds	357,977		314,954		55,586			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	25,624,199		23,773,991		0			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2004		2010		2010			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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 %			
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 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
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			
2 Is the bond issue a variable rate issue?		X		X	X			
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X	X			
b Name of provider	HSBC				HSBC			
c Term of hedge	7				7			
d Was the hedge superintegrated?		X				X		
e Was a hedge terminated?		X				X		
4a Were gross proceeds invested in a GIC?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6 Did the bond issue qualify for an exception to rebate?		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
SchK_P01_S00_L00a	Schedule K, Part I, Column a	The Series 2004 Bonds were issued (i) to pay for the Costs of the Series 2004 Project (as defined hereafter), (ii) to pay a portion of the interest on the Series 2004 Bonds and (iii) to pay the Costs of Issuance of the Series 2004 Bonds, including the premium for the municipal bond insurance policy. The Series 2004 Project, known as Cathedral Gardens, consisted of the acquisition by Barnard College of five condominium units to be used primarily to provide residential space for 91 students and 26 faculty apartments. The five condominium units together with related rights comprise approximately 66,000 square feet in a building located near the corner of 110th Street and Manhattan Avenue.
SchK_P01_S00_L00b	Schedule K, Part I, Column b	The Series 2007A Bonds were issued (i) to refund the outstanding portion of the Dormitory Authority's Barnard College Insured Revenue Bonds, Series 1996 (the "Series 1996") maturing on and after July 1, 2008, (ii) to pay for the Costs of the Series 2007 Project (as defined hereinafter), (iii) to pay a portion of the interest on the Series 2007A Bonds and (iv) to pay the Costs of Issuance of the Series 2007A Bonds, including a portion of the premium for the municipal new issue bond insurance policy. The Series 2007 Project consisted of the demolition of an existing facility and construction of a new, approximately 100,000 gross square foot multi-purpose facility located at 3023 Broadway, include a theatre with seating for approximately 100, special event space for seating for approximately 500, a central reading room, computer technology center, student services offices, club space, student union, classrooms, food services venues and academic departments, and (ii) campus-wide renovation and maintenance projects at various buildings. As noted above, a portion of the Series 2007A Bonds were used to refund the Series 1996 Bonds the proceeds of which were used to (A) refund the College's loans under the Dormitory Authority's College and University Variable/Fixed Rate Insured Revenue Bonds (1985 Pooled Capital Program), the proceeds of which were used to finance the construction of Sulzberger Hall, and (B) to repair, renovate and upgrade various buildings at Barnard College.
SchK_P01_S00_L00c	Schedule K, Part I, Column c	The Series 2008 Bonds were issued for the purpose of providing funds, which together with other available monies, will be used (i) to refund and defease the outstanding Dormitory's Barnard College Insured Revenue Bonds, Series 2007B (the "Series 2007B") and (ii) to pay the Costs of Issuance of the Series 2008 Bonds. The proceeds of the Series 2007B were used to finance a portion of the cost (i) of the "Nexus" project consisting of the demolition of an existing facility and construction of a new, approximately 100,000 gross square foot multi-purpose facility located at 3023 Broadway, include a theatre with seating for approximately 100, special event space for seating for approximately 500, a central reading room, computer technology center, student services offices, club space, student union, classrooms, food services venues and academic departments, and (ii) campus-wide renovation and maintenance projects at various buildings.

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BARNARD COLLEGE

Employer identification number

13-1628149

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Securities, Real estate, and 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 0

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report revenues...).

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
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	All gifts of publicly traded securities are remitted to the College's Custodians, JP Morgan Chase or State Street Bank, depending on the nature of the gift. Both custodians, with the authority from Barnard College, sell the publicly traded securities upon receipt. The number of contributions listed in column b for part I represents the actual number of contributions as opposed to the number of items received.

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
BARNARD COLLEGE

Employer identification number

13-1628149

Identifier	Return Reference	Explanation
F990_P03_S00_L01	Form 990, Part III, Line 1	<p>Barnard College aims to provide the highest quality liberal arts education to promising and high-achieving young women, offering the unparalleled advantages of an outstanding residential college in partnership with a major research university. With a dedicated faculty of scholars distinguished in their respective fields, Barnard is a community of accessible teachers and engaged students who participate together in intellectual risk-taking and discovery. Barnard students develop the intellectual resources to take advantage of opportunities as new fields, new ideas, and new technologies emerge. They graduate prepared to lead lives that are professionally satisfying and successful, personally fulfilling, and enriched by love of learning. As a college for women, Barnard embraces its responsibility to address issues of gender in all of their complexity and urgency, and to help students achieve the personal strength that will enable them to meet the challenges they will encounter throughout their lives. Located in the cosmopolitan urban environment of New York City, and committed to diversity in its student body, faculty and staff, Barnard prepares its graduates to flourish in different cultural surroundings in an increasingly interconnected world. The Barnard community thrives on high expectations. By setting rigorous academic standards and giving students the support they need to meet those standards, Barnard enables them to discover their own capabilities. Living and learning in this unique environment, Barnard students become agile, resilient, responsible, and creative, prepared to lead and serve their society.</p>

Identifier	Return Reference	Explanation
F990_P05_S00_L03b	Form 990, Part V, Line 3b	The Form 990-T for the tax year beginning July 1, 2010 and ending June 30, 2011 will be filed by the College by the end of the current fiscal year (June 30, 2012)

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The Form 990 is reviewed by the Asst Vice President of Finance / Controller, the Chief Operating Officer, The President and the Committee on Audits and Compliance

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The policy and disclosure statement is distributed annually to each Trustee who shall read the policy, disclosure statement and sign the certification agreeing to be bound by the policy and return the disclosure statement to the Secretary of the Board. The statements are reviewed by the College's General Counsel.

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Compensation Committee of Barnard College's Board of Trustees is responsible for determining and approving the compensation of the College's President (CEO) and other top management officials including the Chief Operating Officer, General Counsel, Dean of the College, Provost, Vice President for Development, Vice President for Communications and the Vice President for Administration. The Compensation Committee is provided with comparable data from the higher education industry and uses that data to determine the compensation levels on an annual basis.

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College discloses its audited financial statements and its conflict of interest policies on its website at the following links www.barnard.edu/opir , http://barnard.edu/hr/policies_conflict.html , and http://barnard.edu/provost/policies/conflictpolicy.html , respectively

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Net Unrealized Gains on investments