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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01, **2011**, and ending 06/30, **20** 12

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

C Name of organization: COLGATE UNIVERSITY

Doing Business As:

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

Room/suite:

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

D Employer identification number: 15-0532078

E Telephone number: (315) 228-7422

G Gross receipts $ 367,509,214.

F Name and address of principal officer: BRIAN G. HUTZLEY
13 OAK DRIVE HAMILTON, NY 13346

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.COLGATE.EDU

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1846 **M** State of legal domicile NY

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	35.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3,108.
6	Total number of volunteers (estimate if necessary)	6	1,200.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,238,024.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-772,396.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	651,752.	28,744,907.
9	Program service revenue (Part VIII, line 2g)	779,996.	151,362,846.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-211,718.	32,751,472.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,324,182.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,220,030.	214,183,407.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	43,498,538.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,837,148.	83,414,410.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,633,124.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,660,817.	69,457,951.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,497,965.	196,370,899.
19	Revenue less expenses Subtract line 18 from line 12	-9,277,935.	17,812,508.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,158,464,837.	1,125,665,877.
21	Total liabilities (Part X, line 26)	253,897,337.	254,637,438.
22	Net assets or fund balances Subtract line 21 from line 20	904,567,500.	871,028,439.

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 — Date: 4/11/14

▶ Brian Hutzley, V.P. Finance & Administration
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Kevin Vredeveld	Preparer's signature: K Vredeveld	Date: 4/9/14	Check [ ] if self-employed; PTIN: P00652605
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207
Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608			Phone no 860-522-3200

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

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Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission.
SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 171,739,215 including grants of $ 43,498,538) (Revenue $ 151,362,846)
TO PROVIDE A WORLD-CLASS AND DEMANDING UNDERGRADUATE EDUCATIONAL EXPERIENCE FOR A TALENTED AND DIVERSE GROUP OF APPROXIMATELY 2,900 STUDENTS. THE EDUCATIONAL MISSION IS TO DEVELOP WISE, THOUGHTFUL, CRITICAL THINKERS AND PERCEPTIVE LEADERS BY ENCOURAGING YOUNG MEN AND WOMEN TO FULFILL THEIR POTENTIAL THROUGH RESIDENCE IN A COMMUNITY THAT VALUES ALL FORMS OF INTELLECTUAL RIGOR AND RESPECTS THE COMPLEXITY OF HUMAN UNDERSTANDING.

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

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

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

4e **Total program service expenses** ▶ 171,739,215.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	735		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	3,108		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ BRIAN G HUTZLEY 13 OAK DRIVE HAMILTON, NY 13346 315-228-7422

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JEFFREY HERBST PRESIDENT	60.00	X		X				459,087.	0	107,422.
(2) BRION B. APPLEGATE TRUSTEE	3.00	X						0	0	0
(3) DEWEY J. AWAD II TRUSTEE	3.00	X						0	0	0
(4) DANIEL C. BENTON TRUSTEE	3.00	X						0	0	0
(5) EMILY H. BRADLEY TRUSTEE	3.00	X						0	0	0
(6) GRETCHEN H. BURKE TRUSTEE	3.00	X						0	0	0
(7) CHRISTINE J. CHAO TRUSTEE	3.00	X						0	0	0
(8) CELIA A. COLBERT TRUSTEE	3.00	X						0	0	0
(9) GUS P. COLDEBELLA TRUSTEE	3.00	X						0	0	0
(10) H. LEROY CODY JR. TRUSTEE	3.00	X						0	0	0
(11) ERIC A. COLE TRUSTEE	3.00	X						0	0	0
(12) DENIS F. CRONIN CHAIR	3.00	X						0	0	0
(13) NANCY C. CROWN TRUSTEE	3.00	X						0	0	0
(14) STEPHEN J. ERRICO TRUSTEE	3.00	X						0	0	0

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) MARK G. FALCONE TRUSTEE	3.00	X						0	0	0
(16) GREGORY J. FLEMING TRUSTEE	3.00	X						0	0	0
(17) JEANNE A. FOLLANSBEE TRUSTEE	3.00	X						0	0	0
(18) LINDA J. HAVLIN TRUSTEE	3.00	X						0	0	0
(19) MICHAEL J. HERLING TRUSTEE	3.00	X						0	0	0
(20) STEPHEN R. HOWE JR. TRUSTEE	3.00	X						0	0	0
(21) DANIEL B. HURWITZ TRUSTEE	3.00	X						0	0	0
(22) WILLIAM A. JOHNSTON TRUSTEE	3.00	X						0	0	0
(23) RONALD A. JOYCE TRUSTEE	3.00	X						0	0	0
(24) ROBERT A. KINDLER VICE CHAIR	3.00	X						0	0	0
(25) SCOTT A. MEIKLEJOHN TRUSTEE	3.00	X						0	0	0
1b Sub-total ▶								459,087.	0	107,422.
c Total from continuation sheets to Part VII, Section A ▶								2,520,512.	0	373,037.
d Total (add lines 1b and 1c) ▶								2,979,599.	0	480,459.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 138

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 ▶ 30

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) MARK D. NOZETTE TRUSTEE	3.00	X						0	0	0
(27) JUNG H. PAK TRUSTEE	3.00	X						0	0	0
(28) JOHN C. SHAW TRUSTEE	3.00	X						0	0	0
(29) BARRY J. SMALL TRUSTEE	3.00	X						0	0	0
(30) JAMES A. SMITH TRUSTEE	3.00	X						0	0	0
(31) JOANNE D. SPIGNER TRUSTEE	3.00	X						0	0	0
(32) EDWARD M. WERNER TRUSTEE	3.00	X						0	0	0
(33) AYANNA K. WILLIAMS TRUSTEE	3.00	X						0	0	0
(34) WILLIAM T. WINTERS TRUSTEE	3.00	X						0	0	0
(35) LEE M. WOODRUFF TRUSTEE	3.00	X						0	0	0
(36) DAVID HALE VP FOR FIN. & ADMIN, TREASURER	50.00			X				313,217.	0	36,742.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 138

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(37) ROBERT TYBURSKI SENIOR VP OF ADVANCEMENT, SEC.	50.00			X				221,682.	0	32,959.
(38) BRUCE SELLECK INT. PROVOST/DEAN OF FACULTY	50.00				X			244,186.	0	42,847.
(39) MURRAY DECOCK VP INSTIT. ADVANCE. & CAMPAIGN	50.00				X			279,679.	0	43,443.
(40) SCOTT BROWN DEAN OF STUDENT AFFAIRS	50.00				X			116,670.	0	19,440.
(41) LYLE ROELOFS PROFESSOR	50.00					X		260,802.	0	57,132.
(42) DAVID ROACH DIRECTOR OF ATHLETICS	50.00					X		226,110.	0	38,012.
(43) ANTHONY AVENI PROFESSOR	50.00					X		184,268.	0	33,244.
(44) JAY MANDLE PROFESSOR	50.00					X		177,977.	0	32,378.
(45) JOSEPH S. HOPE DIRECTOR OF INVESTMENTS	50.00					X		176,625.	0	28,332.
(46) KEENAN GRENELL FORMER VP DEAN OF DIVERSITY	0						X	319,296.	0	8,508.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 138

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,574,509			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,170,398			
	g	Noncash contributions included in lines 1a-1f $ 4,244,523					
	h	**Total.** Add lines 1a-1f		28,744,907.			
Program Service Revenue			**Business Code**				
	2a	TUITION AND FEES	900099	124,542,224	124,542,224		
	b	SALES & SERVICES OF AUXILIARIES	900099	24,447,837	23,106,160	1,341,677	
	c	OTHER EDUCATIONAL ACTIVITIES	900099	2,372,785	2,372,785		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		151,362,846			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,843,587		-103,653	4,947,240
	4	Income from investment of tax-exempt bond proceeds [3]		3,953			3,953.
	5	Royalties		203,327			203,327
			(i) Real / (ii) Personal				
	6a	Gross rents	748,551				
	b	Less rental expenses	901,932				
	c	Rental income or (loss)	-153,381				
	d	Net rental income or (loss)		-153,381			-153,381
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	177,547,585 / 100,655.				
	b	Less cost or other basis and sales expenses	149,744,308				
	c	Gain or (loss)	27,803,277 / 100,655				
	d	Net gain or (loss)		27,903,932			27,903,932
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 3,953,803				
	b	Less cost of goods sold	b 2,679,567				
	c	Net income or (loss) from sales of inventory		1,274,236			1,274,236
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		0			
	12	**Total revenue.** See instructions		214,183,407	150,021,169	1,238,024	34,179,307.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,132,656.	1,132,656.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	42,365,882.	42,365,882.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,845,733.	2,845,733.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	594,225.	586,390.	5,223.	2,612.
7 Other salaries and wages	61,953,570.	50,419,604.	7,623,232.	3,910,734.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,991,954.	4,934,515.	699,306.	358,133.
9 Other employee benefits	7,365,146.	6,256,184.	649,831.	459,131.
10 Payroll taxes	4,663,782.	3,840,734.	544,298.	278,750.
11 Fees for services (non-employees)				
a Management	4,694,436.	3,772,838.	840,189.	81,409.
b Legal	374,129.	299,124.	68,380.	6,625.
c Accounting	395,792.	318,091.	70,837.	6,864.
d Lobbying	194,223.	194,223.		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	511,555.	411,128.	91,556.	8,871.
g Other	5,510,816.	4,382,687.	1,028,476.	99,653.
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	2,106,132.	1,769,151.	157,960.	179,021.
15 Royalties	0			
16 Occupancy	480,764.	480,764.		
17 Travel	7,946,932.	6,878,053.	408,612.	660,267.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	8,200,830.	8,200,830.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,380,955.	12,068,785.	1,187,645.	124,525.
23 Insurance	1,604,817.	940,423.	640,322.	24,072.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UTILITIES	4,538,646.	3,778,537.	640,582.	119,527.
b REPAIRS & MAINTENANCE	4,118,148.	3,504,807.	502,809.	110,532.
c GENERAL OPERATING EXPENSES	11,366,642.	9,378,011.	1,154,857.	833,774.
d LIBRARY COSTS AND ACQUISITIO	2,128,952.	2,126,312.	2,240.	400.
e All other expenses	1,904,182.	853,753.	682,205.	368,224.
25 **Total functional expenses** Add lines 1 through 24e	196,370,899.	171,739,215.	16,998,560.	7,633,124.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,123,894.	1	1,495,565.
	2	Savings and temporary cash investments		30,718,131.	2	32,065,651.
	3	Pledges and grants receivable, net		3,646,789.	3	2,698,676.
	4	Accounts receivable, net		4,704.	4	1,225,824.
	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)		0	6	0
	7	Notes and loans receivable, net		3,336,428.	7	3,239,542.
	8	Inventories for sale or use		2,005,977.	8	2,003,875.
	9	Prepaid expenses and deferred charges		4,243,666.	9	4,699,492.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 521,656,922.			
	b	Less. accumulated depreciation	10b 185,662,083.	334,380,381.	10c	335,994,839.
	11	Investments - publicly traded securities		165,826,369.	11	163,186,113.
	12	Investments - other securities. See Part IV, line 11		603,974,296.	12	570,980,698.
	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		8,204,202.	15	8,075,602.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,158,464,837.	16	1,125,665,877.
Liabilities	17	Accounts payable and accrued expenses		11,456,225.	17	14,440,824.
	18	Grants payable		0	18	0
	19	Deferred revenue		13,080,230.	19	16,002,105.
	20	Tax-exempt bond liabilities		173,650,103.	20	173,860,740.
	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		475,540.	23	241,756.
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		55,235,239.	25	50,092,013.
	26	**Total liabilities.** Add lines 17 through 25		253,897,337.	26	254,637,438.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		314,505,523.	27	301,171,920.
	28	Temporarily restricted net assets		275,906,729.	28	248,829,468.
	29	Permanently restricted net assets		314,155,248.	29	321,027,051.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		904,567,500.	33	871,028,439.
	34	Total liabilities and net assets/fund balances		1,158,464,837.	34	1,125,665,877.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	214,183,407.
2	Total expenses (must equal Part IX, column (A), line 25)	2	196,370,899.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,812,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	904,567,500.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-51,351,569.
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	871,028,439.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2011.** 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 - 2010.** If the organization did not check a 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 - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2010** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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.** 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).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
COLGATE UNIVERSITY	15-0532078

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

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

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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

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

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

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

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		192,223.
j	Total Add lines 1c through 1i			194,223.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

FORM 990, SCHEDULE C, PART II-B, LINE 1I

COLGATE UNIVERSITY BELONGS TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. AGGREGATE DUES IN THE AMOUNT OF $192,223 WERE PAID DURING THE FISCAL YEAR REPORTED ON THIS RETURN. SOME PORTION OF DUES MAY BE UTILIZED FOR LOBBYING ACTIVITIES.

FORM 990, SCHEDULE C, PART II-B, LINE 1G

COLGATE STAFF FROM TIME TO TIME SEND LETTERS TO POLITICAL REPRESENTATIVES EXPRESSING OPINIONS ON CERTAIN LEGISLATION AND TOPICS. THE ESTIMATED AMOUNT OF EXPENSES INCURRED FOR THESE ACTIVITIES DURING THE CURRENT FISCAL YEAR IS $2,000.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: COLGATE UNIVERSITY

Employer identification number: 15-0532078

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ 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 through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 923,002.
(ii) Assets included in Form 990, Part X ▶ $ 15,119,198.

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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] 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 [X] No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	710,608,283.	609,693,550.	550,499,329.	723,041,198.	
b Contributions	21,460,984.	21,043,099.	31,135,407.	10,191,217.	
c Net investment earnings, gains, and losses	-1,478,033.	108,989,396.	60,060,185.	-151023917.	
d Grants or scholarships	11,759,624.	10,909,640.	12,495,549.	12,295,752.	
e Other expenditures for facilities and programs	19,180,996.	18,149,524.	19,183,107.	19,108,976.	
f Administrative expenses	241,502.	58,598.	322,715.	304,441.	
g End of year balance	699,409,112.	710,608,283.	609,693,550.	550,499,329.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 23.6400 %
b Permanent endowment ▶ 43.7000 %
c Temporarily restricted endowment ▶ 32.6600 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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)		X
(ii) related organizations	3a(ii)		X
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,151,790.		28,151,790.
b Buildings		397,834,009.	116,410,164.	281,423,845.
c Leasehold improvements		7,442,480.	6,209,037.	1,233,443.
d Equipment		88,228,643.	63,042,882.	25,185,761.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				335,994,839.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY INVESTMENTS	25,084,000.	FMV
(B) INTERMEDIATE-TERM INVESTMENTS	13,764,000.	FMV
(C) CASH EQUIVALENTS	32,673,000.	FMV
(D) FIXED INCOME INVESTMENTS-BONDS	45,389,000.	FMV
(E) PRIVATE EQUITY	113,844,000.	FMV
(F) VENTURE CAPITAL	23,846,000.	FMV
(G) HEDGE	256,271,000.	FMV
(H) REAL ASSETS	59,255,000.	FMV
(I) OTHER	854,698.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	570,980,698.	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES & DEFERRED GIVING ARRANGE	16,188,814.
(3) POST-RETIREMENT BENEFIT OBLIGATION	20,594,262.
(4) FEDERAL STUDENT LOAN FUNDS	3,346,075.
(5) CONDITIONAL ASSET RETIREMENT OBLIGA	9,962,862.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	50,092,013.

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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18).*			5	

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, line 2, 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.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART III, LINE 4 - DESCRIPTION OF ARTWORK

THE PICKER ART GALLERY AT COLGATE UNIVERSITY SEEKS TO ENGAGE THE IMAGINATIONS, STIMULATE THE MINDS AND CAPTIVATE THE EYES OF ITS VISITORS - STUDENTS, FACULTY, STAFF, COMMUNITY MEMBERS AND TRAVELERS ALIKE. IT AIMS TO SERVE AS A LABORATORY FOR THE EXPLORATION AND PRESENTATION OF NEW IDEAS ABOUT AND RELATED TO ART; AS A FORUM FOR INTERDISCIPLINARY COLLABORATIONS GROUNDED IN VISUAL UNDERSTANDING; AS A BEACON OF EXCELLENCE IN ITS EXHIBITIONS, PROJECTS AND PUBLICATIONS; AND AS A SANCTUARY FOR THE CONTEMPLATION AND ENJOYMENT OF ART. THE LONGYEAR MUSEUM OF ANTHROPOLOGY IS MAINTAINED BY THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY AS A TEACHING MUSEUM. THE COLLECTION OF ARCHAEOLOGICAL AND ETHNOLOGICAL MATERIALS, PRIMARILY RELATED TO THE AMERICAN INDIAN AND PALEOLITHIC IMPLEMENTS, INCLUDES THE MORTIMER C. HOWE COLLECTION OF AMERICAN INDIAN ARTIFACTS, THE HERBERT W. BIGFORD COLLECTION OF ONEIDA INDIAN ARCHAEOLOGY AND THE WALTER BENNETT COLLECTION OF IROQUOIS AND PRE-IROQUOIS ITEMS. THE ROBERT M. LINSLEY GEOLOGY MUSEUM EXHIBITS MINERALS, ROCKS, AND FOSSILS, HIGHLIGHTING THE BEAUTY AND WONDER OF THESE OBJECTS WHILE ALSO INFORMING VISITORS ABOUT HOW GEOLOGISTS STUDY THE EARTH. THREADED THROUGHOUT THE MUSEUM IS A SPECIFIC FOCUS ON WHAT WE KNOW ABOUT NEW YORK STATE'S GEOLOGIC PAST.

Part XIV Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART V, LINE 4 - USE OF ENDOWMENT FUNDS

THE ENDOWMENT IS MANAGED AND INVESTED TO PROVIDE CURRENT AND FUTURE SUPPORT FOR THE OPERATIONS OF THE UNIVERSITY. EXAMPLES OF SUPPORT PROVIDED INCLUDE FINANCIAL AID, FACILITIES UPKEEP, RESEARCH, FACULTY COMPENSATION AND OTHER ACADEMIC AND STUDENT OPERATIONS.

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: COLGATE UNIVERSITY

Employer identification number: 15-0532078

Part I

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

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

FORM 990, SCHEDULE E, PART 1, LINE 3

THE UNIVERSITY PUBLICIZES ITS RACIALLY NON-DISCRIMINATORY POLICY ANNUALLY IN THE UNIVERSITY CATALOGUE.

FORM 990, SCHEDULE E, PART I, LINE 6A

COLGATE UNIVERSITY PARTICIPATES IN THE TITLE IV AID PROGRAMS OF THE FEDERAL GOVERNMENT, RECEIVES RESTRICTED GRANTS AND UNRESTRICTED GIFTS FROM THE STATE OF NEW YORK AND WILL APPLY AS APPROPRIATE FOR GRANTS AWARDED ON A COMPETITIVE BASIS BY THE STATE OR FEDERAL GOVERNMENT.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

COLGATE UNIVERSITY

Employer identification number

15-0532078

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	4	4	PROGRAM SERVICES	STUDY GROUPS	1,029,378
(2) CENTRAL AMERICA/CARIBBEAN	1	1	PROGRAM SERVICES	STUDY GROUPS	141,363
(3) EUROPE	13	13	PROGRAM SERVICES	STUDY GROUPS	2,202,192
(4) SOUTH ASIA	1	1	PROGRAM SERVICES	STUDY GROUPS	42,000
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		218,878,735
(6) NORTH AMERICA			INVESTMENTS		11,143,075
(7) SUB-SAHARAN AFRICA			INVESTMENTS		1,484,875
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	19	19			234,921,618
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	19	19			234,921,618

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	[X] 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)*	[X] Yes	[ ] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	[ ] Yes	[X] No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I General Information on Grants and Assistance

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HAMILTON CENTRAL SCHOOL 47 W KENDRICK HAMILTON, NY 13346	15-6002230	PUBLIC SCHOOL	514,399				GENERAL FUNDING
(2) VILLAGE OF HAMILTON FIRE DEPARTMENT 121 LEBANON ST HAMILTON, NY 13346	15-6001316	VILLAGE	172,164	680	FMV	USED EQUIPMENT	GENERAL FUND & FIRET
(3) CHENANGO NURSERY SCHOOL 59 W KENDRICK HAMILTON, NY 13346	16-0901859	501(C)(3)	133,022				GENERAL FUND & EXPAN
(4) TOWN OF HAMILTON 16 BROAD STREET HAMILTON, NY 13346	15-6000972	TOWN	81,171	2,610	FMV	USED EQUIPMENT	GENERAL FUNDING
(5) COMMUNITY MEMORIAL HOSPITAL 150 BROAD STREET HAMILTON, NY 13346	15-0548010	501(C)(3)	50,000				GENERAL FUNDING
(6) PARTNERSHIP FOR COMM DEVELOPMENT 11 PAYNE STREET HAMILTON, NY 13346	16-1572206	501(C)(3)	50,000				GENERAL FUNDING
(7) COLGATE UNIVERSITY ALUMNI CORPORATION 13 OAK DRIVE HAMILTON, NY 13346	15-0532083	501(C)(3)	131,900				GENERAL FUNDING
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 3.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS TO STUDENTS	1,191	42,365,882			
2						
3						
4						
5						
6						
7						

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

GRANT PROCEDURES

COLGATE UNIVERSITY OFFERS GRANTS, LOANS AND WORK STUDY OPPORTUNITIES TO STUDENTS ON THE BASIS OF DEMONSTRATED FINANCIAL NEED. COLGATE MEETS THE FULL DEMONSTRATED NEED OF ITS STUDENTS. STUDENTS MUST MEET CERTAIN ELIGIBILITY REQUIREMENTS. GRANTS AND LOANS ARE ADMINISTERED BY THE STUDENT AIDS OFFICE. STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER SUPPORTING DOCUMENTATION TO SUPPORT THEIR CLAIM FOR FINANCIAL ASSISTANCE. COLGATE ALSO OFFERS A LIMITED NUMBER OF ATHLETIC SCHOLARSHIPS (NON-NEED BASED) THAT ARE AVAILABLE FOR SELECT INTERCOLLEGIATE SPORTS.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

FORM 990, SCHEDULE I, PART I, LINE 2

COLGATE UNIVERSITY RECEIVES VARIOUS REQUESTS FOR GRANTS AND OTHER SUPPORT FROM LOCAL ENTITIES THROUGHOUT ITS TAX YEAR. THE ENTITIES SELECTED TO RECEIVE GRANTS, AS LISTED IN PART II ARE SELECTED TO RECEIVE FUNDING SOLELY FOR LOCAL PURPOSES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: COLGATE UNIVERSITY

Employer identification number: 15-0532078

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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.			
	[X] First-class or charter travel	[X] Housing allowance or residence for personal use		
	[X] Travel for companions	[ ] Payments for business use of personal residence		
	[X] Tax indemnification and gross-up payments	[X] Health or social club dues or initiation fees		
	[ ] Discretionary spending account	[X] Personal services (e g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III			
	[X] Compensation committee	[ ] Written employment contract		
	[ ] Independent compensation consultant	[X] Compensation survey or study		
	[X] Form 990 of other organizations	[X] Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	X	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY HERBST	(i)	437,500.	0	21,587.	30,659.	76,763.	566,509.	0
	(ii)	0	0	0	0	0	0	0
2 DAVID HALE	(i)	241,423.	70,000.	1,794.	30,659.	6,083.	349,959.	35,000.
	(ii)	0	0	0	0	0	0	0
3 ROBERT TYBURSKI	(i)	219,600.	0	2,082.	32,522.	437.	254,641.	0
	(ii)	0	0	0	0	0	0	0
4 BRUCE SELLECK	(i)	238,138.	0	6,048.	36,764.	6,083.	287,033.	0
	(ii)	0	0	0	0	0	0	0
5 MURRAY DECOCK	(i)	268,273.	0	11,406.	26,964.	16,479.	323,122.	0
	(ii)	0	0	0	0	0	0	0
6 KEENAN GRENELL	(i)	308,256.	0	11,040.	1,275.	7,233.	327,804.	0
	(ii)	0	0	0	0	0	0	0
7 LYLE ROELOFS	(i)	231,107.	0	29,695.	35,929.	21,203.	317,934.	0
	(ii)	0	0	0	0	0	0	0
8 DAVID ROACH	(i)	204,823.	0	21,287.	31,929.	6,083.	264,122.	0
	(ii)	0	0	0	0	0	0	0
9 ANTHONY AVENI	(i)	179,807.	0	4,461.	27,161.	6,083.	217,512.	0
	(ii)	0	0	0	0	0	0	0
10 JAY MANDLE	(i)	174,617.	0	3,360.	26,295.	6,083.	210,355.	0
	(ii)	0	0	0	0	0	0	0
11 JOSEPH S. HOPE	(i)	173,701.	0	2,924.	22,249.	6,083.	204,957.	
	(ii)	0	0	0	0	0	0	
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL:

COLGATE DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS. HOWEVER, FOR UNUSUALLY LONG FLIGHTS, SUCH TRAVEL MAY BE PERMITTED PROVIDED THERE IS ADVANCE APPROVAL. ON OCCASION, THE PRESIDENT AND ADVANCEMENT PERSONNEL FLY VIA CHARTER AIRCRAFT. ALL SUCH TRAVEL IS APPROVED IN ADVANCE AND ONLY WHEN COMMERCIAL TRAVEL IS NOT PRACTICAL. THE BENEFIT IS INCLUDED IN THE INDIVIDUALS FORM W-2, WHERE APPROPRIATE.

TRAVEL FOR COMPANIONS:

EXPENSES FOR COMPANION TRAVEL WERE INCURRED BY PRESIDENT HERBST ON A LIMITED BASIS. COLGATE ALLOWS COMPANION TRAVEL ONLY ON OCCASIONS WHERE THERE IS A SPECIFIC BUSINESS PURPOSE, SUCH AS ATTENDANCE AT FUNDRAISING EVENTS. THE BENEFIT IS INCLUDED IN THE INDIVIDUALS FORM W-2, WHERE APPROPRIATE.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

DEAN ROELOFS RECEIVED A GROSSED UP PAYMENT. THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION AND INCLUDED ON THE INDIVIDUALS FORM W-2.

HOUSING ALLOWANCE OF RESIDENCE FOR PERSONAL USE:

ATHLETIC DIRECTOR ROACH RECEIVED A HOUSING ALLOWANCE BUT WAS TAXED ON THE VALUE. HOUSING ALLOWANCES ARE GRANTED ONLY WHEN IT IS SPECIFICALLY STATED IN AN EMPLOYMENT CONTRACT. SUCH AN ALLOWANCE IS PART OF AN EMPLOYEE'S TAXABLE COMPENSATION AND IS APPROVED AS PART OF THE EMPLOYEE'S COMPENSATION PACKAGE. PRESIDENT HERBST AND DEAN ROLOEFS WERE REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF THEIR EMPLOYMENT AND FOR THE CONVENIENCE OF COLGATE. COLGATE PROVIDES HOUSING FOR EMPLOYEES WHEN THERE IS A REQUIREMENT TO LIVE IN UNIVERSITY HOUSING STIPULATED IN AN INDIVIDUAL'S EMPLOYMENT CONTRACT. THE BENEFIT IS INCLUDED IN THE INDIVIDUALS FORM W-2, WHERE APPROPRIATE.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HEALTH OR SOCIAL CLUB DUES:

ATHLETIC DIRECTOR ROACH AND DEAN ROELOFS WERE PROVIDED WITH CLUB MEMBERSHIPS. THE MEMBERSHIPS WERE TREATED AS TAXABLE COMPENSATION AND INCLUDED IN THE INDIVIDUALS FORM W-2.

PERSONAL SERVICES:

PRESIDENT HERBST RECEIVED CERTAIN PERSONAL SERVICES PROVIDED AT HIS ON CAMPUS RESIDENCE. SUCH SERVICES WERE STIPULATED IN PRESIDENT HERBST'S EMPLOYMENT CONTRACT. THE BENEFIT IS INCLUDED IN THE INDIVIDUALS FORM W-2, WHERE APPROPRIATE.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENT:

KEENAN GRENELL'S EMPLOYMENT ENDED EFFECTIVE JANUARY 31, 2011. HE WAS SUBSEQUENTLY PAID EQUAL MONTHLY AMOUNTS THROUGH DECEMBER 31, 2011, THE TOTAL OF WHICH WAS $306,008 AND INCLUDED TAXABLE REIMBURSEMENT FOR MOVING EXPENSES.

SET 1

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

COLGATE UNIVERSITY

Employer identification number

15-0532078

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MCCRC-SERIES 2012A	27-2499520	557363BJ6	06/15/2012	30,709,683	REFINANCE OF SERIES 2003A & 2003B		X		X		X
B	MCCRC-SERIES 2010A	27-2499520	557363AS7	05/25/2010	36,532,630.	CONSTR PROJ & REFINANCE SERIES '98		X		X		X
C	MCIDA-SERIES 2005A	52-1325841	557365CP6	09/26/2005	46,388,559	VARIOUS CONSTRUCTION PROJECTS		X		X		X
D	MCIDA-SERIES 2004A	52-1325841	557365BX0	04/02/2004	46,570,507	VARIOUS CONSTRUCTION PROJECTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,709,683.	36,552,015.	48,639,349.	48,434,211.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	471,751.	662,077.	910,822.	910,530.
8	Credit enhancement from proceeds			457,347.	635,000.
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		9,642,762.	47,271,180.	46,888,681.
11	Other spent proceeds	30,212,686.	20,850,672.		
12	Other unspent proceeds	25,246.	5,396,504.		
13	Year of substantial completion			2007	2007

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?		X		X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

SET 2

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MCIDA-SERIES 2003B	52-1325841	557365BU6	08/06/2003	20,410,579	VARIOUS CONSTRUCTION PROJECTS		X		X		X
B	MCIDA-SERIES 2003A	52-1325841	557365BK8	04/09/2003	16,603,499	REFINANCING OF SERIES 1993A		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,410,000.	4,710,000.		
2	Amount of bonds legally defeased	18,325,000.	9,745,000.		
3	Total proceeds of issue	20,638,040.	16,603,499.	-	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	392,382.	328,366.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	20,245,658.			
11	Other spent proceeds		16,275,133.		
12	Other unspent proceeds				
13	Year of substantial completion	2007			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)* SET 1

	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 of bond-financed property?		X		X		X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							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 ▶		%		%		%	1.4000	%
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 ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%	1.4000	%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X	X	
b Name of provider							MORGAN STANLEY	
c Term of GIC								3.400
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							X	
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X	X			X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . [X] Yes [ ] No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SEE SCHEDULE O FOR PART II LINES 3, 7, AND 11 EXPLANATIONS

Part III Private Business Use *(Continued)* SET 2

	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 of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶		%		%		%		%
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 ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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				
2 Is the bond issue a variable rate issue?		X		X				
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . [X] Yes [ ] No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization: COLGATE UNIVERSITY

Employer identification number: 15-0532078

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total . . . . . ▶ $										

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		33,885. TUITION BENEFIT
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	MARCELLE TYBURSKI	SPOUSE OF SECRETARY	114,824	SEE NOTE 1 IN PART V BELOW		X
(2)	SHARON POLANSKY	SPOUSE OF PRESIDENT	91,929	SEE NOTE 1 IN PART V BELOW		X
(3)	MURRAY DECOCK	BROTHER-IN-LAW OF TRUSTEE	343,946	SEE NOTE 1 IN PART V BELOW		X
(4)	HARBOURVEST INTERNATIONAL PEP III	NOTE 2 IN PART V BELOW	50,000	CAPITAL CONTRIBUTIONS		X
(5)	HARBOURVEST INTERNATIONAL PEP III	NOTE 2 IN PART V BELOW	1,112,400	CAPITAL DISTRIBUTIONS		X
(6)	DOVER STREET VII	NOTE 2 IN PART V BELOW	2,825,414	CAPITAL CONTRIBUTIONS		X
(7)	DOVER STREET VII	NOTE 2 IN PART V BELOW	1,424,089	CAPITAL DISTRIBUTIONS		X
(8)						
(9)						
(10)						

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

NOTE 1

FISCAL YEAR 2012 COMPENSATION AS AN EMPLOYEE OF COLGATE UNIVERSITY.

NOTE 2

COLGATE TRUSTEE AND MANAGING DIRECTOR OF THE MANAGEMENT COMPANY

(HARBOURVEST PARTNERS) WHICH IS GENERAL PARTNER IN THIS FUND.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	3.	922,500.	APPRAISAL
2	Art - Historical treasures	X	2.	2.	APPRAISAL
3	Art - Fractional interests				
4	Books and publications	X		500.	FMV
5	Clothing and household goods	X		2,438.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	323.	3,186,741.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1.	59,000.	APPRAISAL
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	2.	244.	APPRAISAL
19	Food inventory	X	2.	570.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts	X	2.	9,089.	APPRAISAL
25	Other ▶(EQUIPMENT)	X	2.	50,453.	FMV
26	Other ▶(MISCELLANEOUS)	X	17.	12,986.	FMV
27	Other ▶( )				
28	Other ▶( )				

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

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

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

FORM 990, SCHEDULE M, PART I, COLUMN B

BASED ON THE NUMBER OF CONTRIBUTIONS

FORM 990, SCHEDULE M, PART I, LINE 32B

ARRANGEMENTS WITH THIRD PARTIES OR RELATED ORGANIZATIONS:

COLGATE UNIVERSITY GENERALLY USES JP MORGAN CHASE AND NORTHERN TRUST TO FACILITATE THE SALE OF PUBLICLY TRADED SECURITIES.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1

COLGATE UNIVERSITY'S MISSION IS TO PROVIDE A DEMANDING, EXPANSIVE EDUCATIONAL EXPERIENCE TO A SELECT GROUP OF DIVERSE, TALENTED, INTELLECTUALLY SOPHISTICATED STUDENTS WHO ARE CAPABLE OF CHALLENGING THEMSELVES, THEIR PEERS AND THEIR TEACHERS IN A SETTING THAT BRINGS TOGETHER LIVING AND LEARNING. THE EDUCATIONAL MISSION OF COLGATE UNIVERSITY IS TO DEVELOP WISE, THOUGHTFUL, CRITICAL THINKERS AND PERCEPTIVE LEADERS BY ENCOURAGING YOUNG MEN AND WOMEN TO FULFILL THEIR POTENTIAL THROUGH RESIDENCE IN A COMMUNITY THAT VALUES ALL FORMS OF INTELLECTUAL RIGOR AND RESPECTS THE COMPLEXITY OF HUMAN UNDERSTANDING.

FORM 990, PART VI, SECTION A, LINE 2

TRUSTEE HERLING AND KEY EMPLOYEE DECOCK HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B

MANAGEMENT WORKS TOGETHER WITH ITS TAX PROFESSIONALS TO GATHER THE REQUIRED INFORMATION NECESSARY TO PREPARE A DRAFT OF THE FORM 990. ONCE A DRAFT IS COMPLETED, IT IS THEN REVIEWED WITH THE AUDIT COMMITTEE, MANAGEMENT, AND THE TAX PROFESSIONALS. ONCE THE REVIEW IS COMPLETED AND EDITS ARE MADE, A COMPLETE COPY OF THE UNIVERSITY'S FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES), AS ULTIMATELY FILED WITH THE IRS, IS DISTRIBUTED TO THE FULL BOARD BEFORE ITS FILING WITH THE IRS.

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

FORM 990, PART VI, SECTION B, LINE 12C

EACH TRUSTEE AND OFFICER OF COLGATE UNIVERSITY IS REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ON COLGATE'S DISCLOSURE STATEMENT (A) ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMEBER, HAS WITH COLGATE OR ANY AFFILIATED ORGANIZATIONS OR (B) OTHER PERSONAL, FAMILY, FINANCIAL, OR BUSINESS RELATIONSHIPS THAT OTHERWISE COULD BE CONSTRUED TO AFFECT THE INDEPENDENCE, UNBIASED JUDGEMENT OF SUCH TRUSTEE OR OFFICER IN LIGHT OF HIS OR HER DECISION-MAKING AUTHORITY OR RESPONSIBILITIES FOR COLGATE. THE DISCLOSURE STATEMENTS ARE SUBMITTED TO THE TREASURER'S OFFICE, REVIEWED BY THAT OFFICE, OUTSIDE COUNSEL TO THE UNIVERSITY AND THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. A REPORT IS MADE TO THE FULL AUDIT COMMITTEE AND THE BOARD OF TRUSTEES. IN THE EVENT A POSSIBLE CONFLICT OF INTEREST IS IDENTIFIED, THE MATTER IS ADDRESSED INITIALLY WITH THE AUDIT COMMITTEE AND, IF NECESSARY, ULTIMATELY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 14

THE UNIVERSITY ADMINISTRATION HAS UNDERTAKEN TO EXAMINE THE EFFICACY OF A CAMPUS-WIDE DOCUMENT RETENTION AND DESTRUCTION POLICY INTENDED TO REPLACE INDIVIDUAL DEPARTMENT-LEVEL POLICIES. IF DEVELOPED, A PROPOSED CAMPUS-WIDE POLICY WILL BE SUBMITTED TO THE UNIVERSITY'S BOARD OF TRUSTEES FOR ITS APPROVAL.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

COLGATE UNIVERSITY HAS AN INDEPENDENT COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY

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

EMPLOYEES.

THE COMPENSATION COMMITTEE CONSIDERS MARKET AND SURVEY DATA. THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES.

FORM 990, PART VI, SECTION C - DISCLOSURE

THE UNIVERSITY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IV, LINE 12A AND B

THE UNIVERSITY CHANGED ITS FISCAL YEAR END FROM MAY 31 TO JUNE 30. CONSOLIDATED AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR THE 13 MONTH PERIOD JUNE 1, 2011 TO JUNE 30, 2012. ACCORDING TO THE INSTRUCTIONS TO THE FORM 990, THE UNIVERSITY ANSWERED NO TO PART IV, QUESTIONS 12A AND 12B.

FORM 990, PART XII, LINE 2A AND 2B

THE UNIVERSITY CHANGED ITS FISCAL YEAR END FROM MAY 31 TO JUNE 30. CONSOLIDATED AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR THE 13 MONTH PERIOD JUNE 1, 2011 TO JUNE 30, 2012. ACCORDING TO THE INSTRUCTIONS TO THE FORM 990, THE UNIVERSITY ANSWERED NO TO PART XII, QUESTIONS 2A AND 2B.

FORM 990, PART XI, LINE 5

PRIOR PERIOD ADJUSTMENT (19,622,622)

Name of the organization: COLGATE UNIVERSITY

Employer identification number: 15-0532078

SPLIT INTEREST AGREEMENTS	477,361
POSTRETIREMENT BENEFITS	5,016,800
OTHER	(3,966,781)
UNREALIZED LOSSES	(32,867,174)
ALUMNI CORP NET ASSETS	(389,153)
TOTAL	(51,351,569)

FORM 990, PART VII

HOURS WORKED FOR RELATED ORGANIZATION

GUS P. COLDEBELLA

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 2 HOURS PER WEEK.

MICHAEL J. HERLING

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 2 HOURS PER WEEK.

TIMOTHY MANSFIELD

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 6 HOURS PER WEEK.

SCOTT A. MEIKLEJOHN

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 1 HOURS PER WEEK.

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

JUNG H. PAK

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 2 HOURS PER WEEK.

JAMES A. SMITH

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 2 HOURS PER WEEK.

JOANNE D. SPIGNER

HOURS WORKED FOR RELATED ORGANIZATION

COLGATE UNIVERSITY ALUMNI CORPORATION - 2 HOURS PER WEEK.

FORM 990, SCHEDULE K, PART II

PART II, LINE 3 - THE DIFFERENCE BETWEEN TOTAL PROCEEDS AND ISSUE PRICE IS INVESTMENT EARNINGS.

PART II, LINE 7 - THE AMOUNTS ON LINE 7 DIFFER FROM PRIOR YEARS SCHEDULE K AS A RESULT OF REPORTING ACTUAL BOND ISSUANCE COSTS AS OPPOSED TO ESTIMATED AMOUNTS THAT WERE USED TO PREPARE THE 8038 AT THE TIME OF ISSUANCE.

PART II, LINE 11 - THE OTHER SPENT PROCEEDS REPRESENT THE REFUNDING PORTION OF THE RESPECTIVE BOND SERIES.

AMENDED RETURN

FORM 990, BOX B

THIS RETURN AMENDS THE PREVIOUSLY FILED FORM 990 FOR THE YEAR ENDED

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

06/30/2012. FINANCIAL STATEMENTS FOR COLGATE UNIVERSITY WERE COMPLETED FOR THE 13-MONTH PERIOD 06/01/2011 THROUGH 06/30/2012. TWO SEPARATE FORM 990'S WERE FILED, ONE FOR THE SHORT PERIOD OF 06/01/2011 THROUGH 06/30/2011, AND ONE FOR 07/01/2011 THROUGH 06/30/2012. THE REVENUE AND EXPENSES FROM THE 06/30/2011 FORM 990 WERE ERRONEOUSLY BACKED OUT TWICE ON THE ORIGINALLY FILED 06/30/2012 FORM 990. THIS AMENDED RETURN HAS FIXED THIS ERROR. AS A RESULT OF THIS UPDATE, PARTS VIII, IX AND XI HAVE BEEN CHANGED.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

AUSTRALIA

FRANCE

GERMANY

SWITZERLAND

JAPAN

SPAIN

UNITED KINGDOM

JAMAICA

KOREA, REPUBLIC OF (SOUTH)

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXHO INC & AFFILIATES	FOOD SERVICE	5,761,971.

Name of the organization: COLGATE UNIVERSITY

Employer identification number: 15-0532078

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LECHASE CONSTRUCTION SERVICES, LLC	CONSTRUCTION	3,227,530.
RAYMOND E. KELLEY INC 33 MAIN STREET BOWMANSVILLE, NY 14026	INSURANCE	803,692.
BIRNIE BUS SERVICE, INC	TRANSPORTATION	1,172,359.
MARK CONGDEN	DELIVERY	976,569.
TOTAL COMPENSATION		11,942,121.

ATTACHMENT 3

FORM 990, PART VIII - INCOME FROM INVESTMENT OF TE BOND PROCEEDS

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INCOME FROM INVESTMENT OF TAX-EXEMPT BOND PROCEEDS	3,953			3,953
TOTALS	3,953			3,953.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLGATE UNIVERSITY

Employer identification number
15-0532078

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COLGATE INN, LLC 16-1601117 11 PAYNE STREET HAMILTON, NY 13346	LODGING/FOOD	NY	-520,927.	10,281,985.	N/A
(2) HAMILTON INITIATIVE, LLC 16-1584169 PO BOX 219 HAMILTON, NY 13346	REAL ESTATE	NY	-381,739.	7,496,970.	N/A
(3) PALACE THEATER, LLC 01-0549094 PO BOX 207 HAMILTON, NY 13346	ENTERTAINMENT	NY	-209,400.	1,693,432.	N/A
(4) HAMILTON THEATER, LLC 05-0535870 PO BOX 1895, 7 LEBANON STREET HAMILTON, NY 13346	MOVIE THEATER	NY	-104,263.	1,106,242.	N/A
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) COLGATE ALUMNI CORPORATION, INC 15-0532083 13 OAK DRIVE HAMILTON, NY 13346	ALUMNI AFFAIR	NY	501(C)(3)	11	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE ANNUITY TRUSTS - (4)	SUPPORT	NY	N/A	TRUST			
(2) CHARITABLE UNITRUSTS - (19)	SUPPORT	NY	N/A	TRUST			
(3) POOLED INCOME FUNDS - (3) 13 OAK DRIVE HAMILTON, NY 13346	SUPPORT	NY	N/A	TRUST			
(4) CRATS-CRUTS - COLGATE IS NOT THE TRUSTEE	SUPPORT		N/A	TRUST			
(5)							
(6)							
(7)							

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r	X	

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	POOLED INCOME FUNDS	R	445,963.	CASH
(2)	CHARITABLE UNITRUSTS	R	1,292,227.	CASH
(3)	CHARITABLE ANNUITY TRUSTS	R	287,280.	CASH
(4)				
(5)				
(6)				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII **Supplemental Information**

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

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print
File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
Colgate University	[X] 15-0532078
Number, street, and room or suite no If a P O box, see instructions	Social security number (SSN)
13 Oak Drive	[ ]
City, town or post office, state, and ZIP code For a foreign address, see instructions	
Hamilton,NY 13346	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DAVID B. HALE

Telephone No. ▶ 315-228-7422 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01, 20 11, and ending 06/30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.00
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.00
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print / File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	COLGATE UNIVERSITY	[X] 15-0532078
	Number, street, and room or suite no If a P O box, see instructions 13 OAK DRIVE	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions HAMILTON, NY 13346	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	[redacted]	[redacted]
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DAVID B. HALE
  Telephone No. ▶ 315 228-7422 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15 , 20 13 .

5 For calendar year _____ , or other tax year beginning 07/01 , 20 11 , and ending 06/30 , 20 12 .

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶