

Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210-0110
1210-0089

2007

This Form is Open to
Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2007 or fiscal plan year beginning 07/01/2007, and ending 06/30/2008,

- A** This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____
- B** This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions).

Part II Basic Plan Information — enter all requested information.

1a Name of plan COLUMBIA UNIVERSITY RETIREMENT PLAN FOR SUPPORTING STAFF	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan (mo., day, yr.) 01/01/1976
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT 615 WEST 131ST STREET STUDEBAKER, 4TH FLOOR NEW YORK NY 10027-7922	2b Employer Identification Number (EIN) 13-5598093
	2c Sponsor's telephone number 212-870-2832
	2d Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE *Lucinda Durning* 4/14/09 LUCINDA DURNING
Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE *Lucinda Durning* 4/14/09 LUCINDA DURNING
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Form 5500 (2007)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

COLUMBIA UNIVERSITY
VICE PRESIDENT OF HUMAN RESOURCES

615 WEST 131ST ST., STUDEBAKER

NEW YORK

NY

10027-7922

3b Administrator's EIN

13-2855235

3c Administrator's telephone number

212-870-2832

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional)

a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year

6 2510

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants

7a 1074

b Retired or separated participants receiving benefits

7b 636

c Other retired or separated participants entitled to future benefits

7c 540

d Subtotal. Add lines 7a, 7b, and 7c

7d 2250

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

7e 102

f Total. Add lines 7d and 7e

7f 2352

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

7g 1284

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7h 0

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

7i 180

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

1A 1G 2H

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor



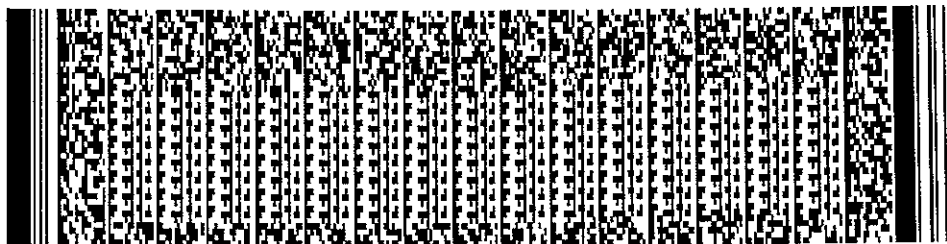
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) R (Retirement Plan Information)
- (2) B (Actuarial Information)
- (3) E (ESOP Annual Information)
- (4) SSA (Separated Vested Participant Information)

b Financial Schedules

- (1) H (Financial Information)
- (2) I (Financial Information -- Small Plan)
- (3) 1 A (Insurance Information)
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)



**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to
Public Inspection.**

For calendar plan year 2007 or fiscal plan year beginning 07/01/2007 and ending 06/30/2008

A Name of plan COLUMBIA UNIVERSITY RETIREE MEDICAL AND LIFE INSURAN	B Three-digit plan number 517
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF COLUMBIA UNIVERSITY	D Employer Identification Number 13-5598093

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

OXFORD HEALTH INSURANCE, INC.

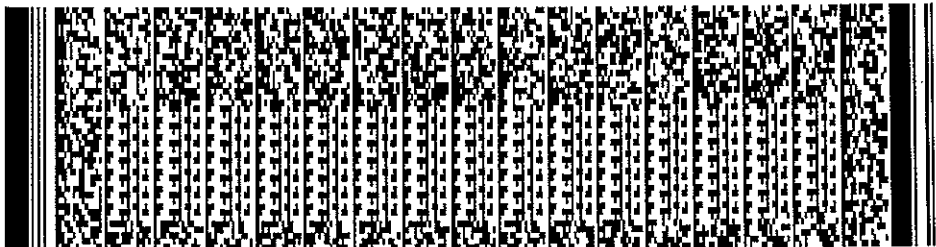
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-2797560	78026	CU1005	400	01/01/2007	12/31/2007

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	0	Total fees paid / amount	0
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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

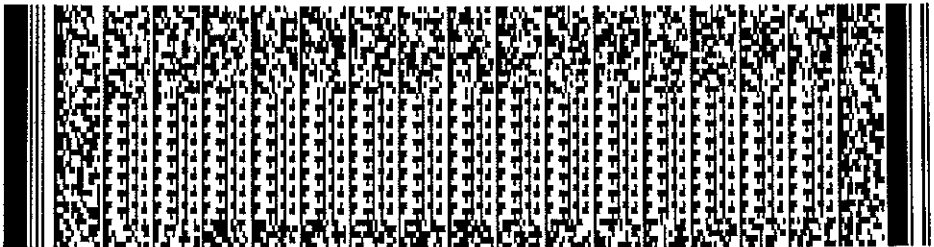
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



Part I Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3 Current value of plan's interest under this contract in the general account at year end

4 Current value of plan's interest under this contract in separate accounts at year end

5 Contracts With Allocated Funds

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount
Specify nature of costs ▶

e Type of contract (1) individual policies (2) group deferred annuity

(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here

6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other (specify below) ▶

b Balance at the end of the previous year

c Additions: (1) Contributions deposited during the year

(2) Dividends and credits

(3) Interest credited during the year

(4) Transferred from separate account

(5) Other (specify below)

▶

(6) Total additions

d Total of balance and additions (add b and c(6))

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

(2) Administration charge made by carrier

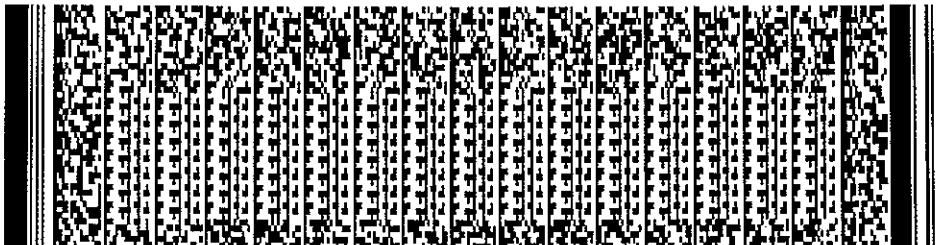
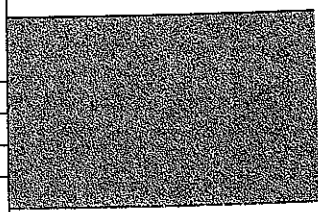
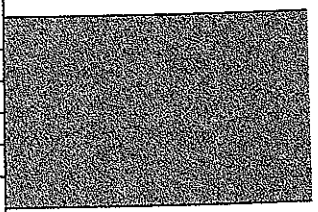
(3) Transferred to separate account

(4) Other (specify below)

▶

(5) Total deductions

f Balance at the end of the current year (subtract e(5) from d)



0 6 0 7 3 2 0 3 0 L



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision)
b Dental
c Vision
d Life Insurance
e Temporary disability (accident and sickness)
f Long-term disability
g Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with columns for description, amount, and a shaded area. Rows include: a Premiums: (1) Amount received, (2) Increase (decrease) in amount due but unpaid, (3) Increase (decrease) in unearned premium reserve, (4) Earned ((1) + (2) - (3)), b Benefit charges: (1) Claims paid, (2) Increase (decrease) in claim reserves, (3) Incurred claims (add (1) and (2)), (4) Claims charged, c Remainder of premium: (1) Retention charges (on an accrual basis) -- (A) Commissions, (B) Administrative service or other fees, (C) Other specific acquisition costs, (D) Other expenses, (E) Taxes, (F) Charges for risks or other contingencies, (G) Other retention charges, (H) Total retention, (2) Dividends or retroactive rate refunds, d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement, (2) Claim reserves, (3) Other reserves, e Dividends or retroactive rate refunds due.

953830

9 Nonexperience-rated contracts:

Table with columns for description and amount. Rows include: a Total premiums or subscription charges paid to carrier, b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. Specify nature of costs.



**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to
Public Inspection.**

For calendar plan year 2007 or fiscal plan year beginning 07/01/2007 and ending 06/30/2008

A Name of plan COLUMBIA UNIVERSITY RETIREE MEDICAL AND LIFE INSURANC	B Three-digit plan number ► 517
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF COLUMBIA UNIVERSITY	D Employer Identification Number 13-5598093

Part 1 Service Provider Information (see instructions)

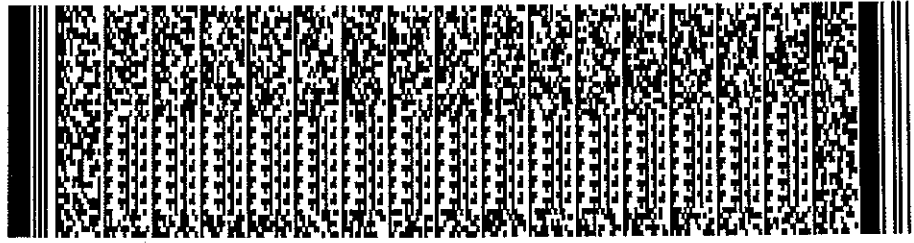
1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 4225

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

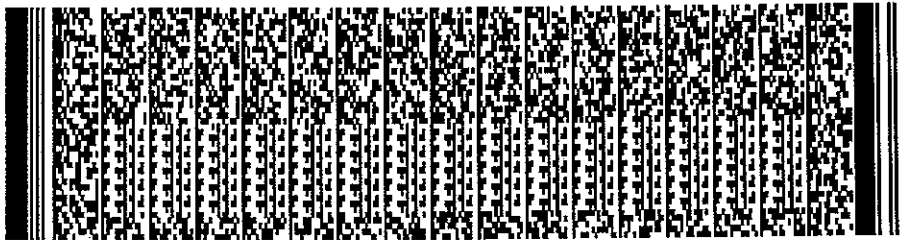
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
CIGNA	06-0303370	Contract administrator			298675	12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
EMPIRE HEALTH CHOICE ASSURANCE, INC	23-7391136	CONTRACT ADMINISTRATOR			449941	12

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule C (Form 5500) 2007



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position		
STATE STREET GLOBAL ADVISORS	04-1867445	INVESTMENT MANAGEMENT		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		295437	21	
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position		
OXFORD	06-1118515	CONTRACT ADMINISTRATOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		95930	12	
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position		
UNITED HEALTHCARE	36-2739571	CONTRACT ADMINISTRATOR		
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)	
NONE		24065	12	



Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

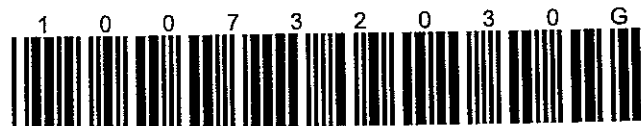
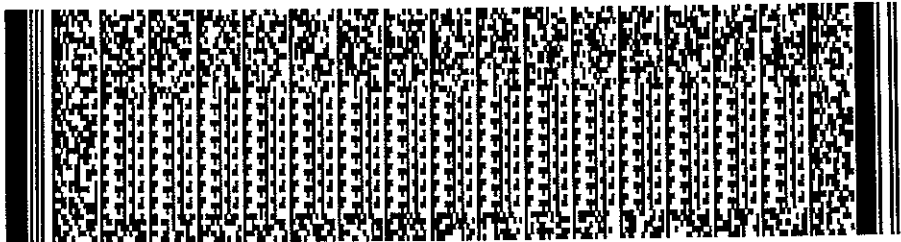
(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to
Public Inspection.

For calendar plan year 2007 or fiscal plan year beginning 07/01/2007 and ending 06/30/2008

A Name of plan or DFE
COLUMBIA UNIVERSITY RETIREE MEDICAL AND LIFE INSURAN

B Three-digit plan number 517

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF COLUMBIA UNIVERSITY

D Employer Identification Number
13-5598093

Part II Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE S&P 500 INDEX SEC. LENDING FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-6625099-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 50601219

(a) Name of MTIA, CCT, PSA, or 103-12IE BOND MARKET FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-6625100-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 22435534

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSSELL SM.CAP/COMPLETENESS INDEX

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-3238615-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 15593308

(a) Name of MTIA, CCT, PSA, or 103-12IE IFCI COMPOSITE FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-3339583-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 8896272

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule D (Form 5500) 2007



1 2 0 7 3 2 0 1 0 G



(a) Name of MTIA, CCT, PSA, or 103-12IE MSCI EAFE INDEX FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-6832069-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 9025021

(a) Name of MTIA, CCT, PSA, or 103-12IE REIT INDEX FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-6903137-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 5608831

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

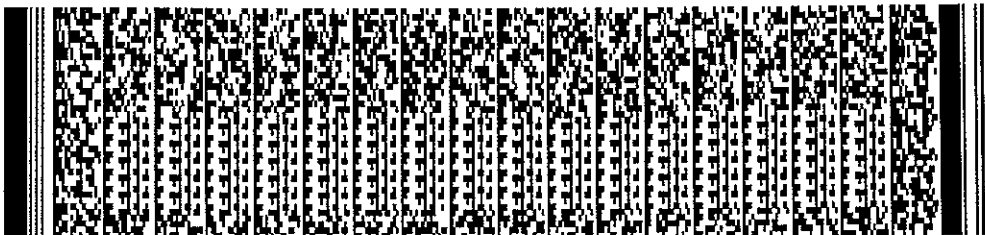
(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(a) Name of MTIA, CCT, PSA, or 103-12IE _____

(b) Name of sponsor of entity listed in (a) _____

(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____



Part I Information on Participating Plans (to be completed by DFEs)

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____



**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to
Public Inspection.**

For calendar year 2007 or fiscal plan year beginning <u>07/01/2007</u> and ending <u>06/30/2008</u>	
A Name of plan COLUMBIA UNIVERSITY RETIREE MEDICAL AND LIFE INSURA	B Three-digit plan number ► <u>517</u>
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF COLUMBIA UNIVERSITY	D Employer Identification Number <u>13-5598093</u>

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	Assets	
	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	b(1) 10400026	
(2) Participant contributions	b(2) 1753108	185434
(3) Other	b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	c(1)	
(2) U.S. Government securities	c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	c(3)(A)	
(B) All other	c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	c(4)(A)	
(B) Common	c(4)(B)	
(5) Partnership/joint venture interests	c(5)	
(6) Real estate (other than employer real property)	c(6)	
(7) Loans (other than to participants)	c(7)	
(8) Participant loans	c(8)	
(9) Value of interest in common/collective trusts	c(9) 121444095	112160185
(10) Value of interest in pooled separate accounts	c(10)	
(11) Value of interest in master trust investment accounts	c(11)	
(12) Value of interest in 103-12 investment entities	c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)	
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)	
(15) Other	c(15)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule H (Form 5500) 2007

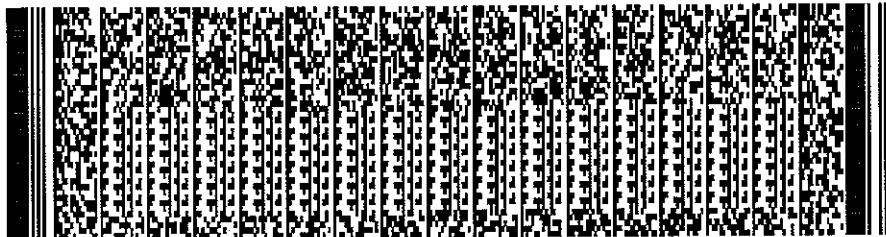


		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	133597229	112345619
Liabilities			
g Benefit claims payable	g		
h Operating payables	h		
i Acquisition indebtedness	i		
j Other liabilities	j	941622	71047
k Total liabilities (add all amounts in lines 1g through 1j)	k	941622	71047
Net Assets			
l Net assets (subtract line 1k from line 1f)	l	132655607	112274572

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a Contributions:			
(1) Received or receivable in cash from:			
(A) Employers	a(1)(A)		
(B) Participants	a(1)(B)	2455247	
(C) Others (including rollovers)	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		2455247
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)		
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments	b(1)(C)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)		
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		0
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	b(4)(A)		
(B) Aggregate carrying amount (see instructions)	b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		0



	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	0
(6) Net investment gain (loss) from common/collective trusts	b(6)	-10698081
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	
d Total income. Add all income amounts in column (b) and enter total	d	-8242834
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	10241276
(2) To insurance carriers for the provision of benefits	e(2)	728652
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	10969928
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	295437
(4) Other	i(4)	872836
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	1168273
j Total expenses. Add all expense amounts in column (b) and enter total	j	12138201
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	-20381035
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

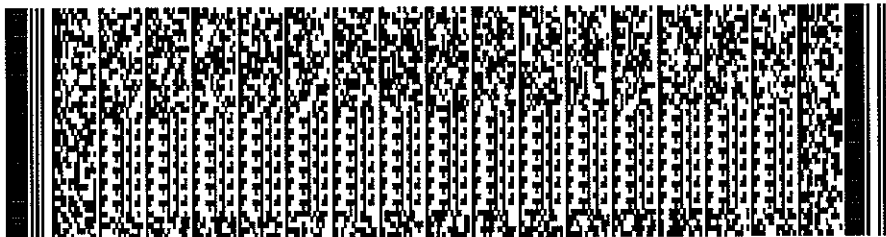
- (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

c Enter the name and EIN of the accountant (or accounting firm) 13-4008324
PRICEWATERHOUSECOOPERS LLC

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) this form is filed for a CCT, PSA or MTIA. (2) it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



Part IV Transactions During Plan Year

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

- a** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)
- c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)
- d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

	Yes	No	Amount
a		X	
b		X	
c		X	
d		X	
e	X		15000000
f		X	
g		X	
h		X	
i	X		
j	X		
k		X	

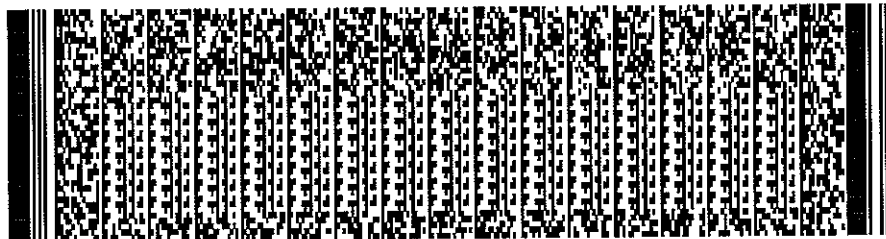
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. Yes No Amount

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)



**Columbia University Retiree
Medical and Life Insurance
Benefits Plan**

**Financial Statements and Supplemental Schedules
June 30, 2008 and 2007**

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Index**

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*Other supplemental schedules required by section 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

Report of Independent Auditors

To the Participants and Administrator of
Columbia University Retiree Medical and
Life Insurance Benefits Plan

In our opinion, the accompanying statements of net assets available for benefits and of plan benefit obligations and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations present fairly, in all material respects, the financial status of Columbia University Retiree Medical and Life Insurance Benefits Plan (the "Plan") at June 30, 2008 and 2007, and the changes in its financial status for the year ended June 30, 2008 in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards which require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Assets (Held at End of Year) and of Reportable Transactions are presented for purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

PricewaterhouseCoopers LLP

New York, New York
June 5, 2009

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Statements of Net Assets Available for Benefits
June 30, 2008 and 2007**

	2008	2007
Assets		
Investments, at fair value		
State Street Bank & Trust Company common commingled trust funds		
S&P 500 Index Fund	\$ 50,601,219	\$ 54,617,451
Passive Bond Market Index Fund	22,435,534	24,348,493
Russell Small Cap Completeness Index Fund	15,593,308	16,952,166
IFCI Composite fund	8,896,272	9,734,203
MSCI EAFE Index Fund	9,025,021	9,744,109
REIT Index Fund	5,608,831	6,047,673
Total investments	<u>112,160,185</u>	<u>121,444,095</u>
Contributions receivable, net	185,434	11,285,963
Total assets	<u>112,345,619</u>	<u>132,730,058</u>
Liabilities		
Accrued expenses	<u>71,047</u>	<u>74,451</u>
Total liabilities	<u>71,047</u>	<u>74,451</u>
Net assets available for benefits	<u>\$ 112,274,572</u>	<u>\$ 132,655,607</u>

The accompanying notes are an integral part of these financial statements.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2008**

	2008
Additions to net asset attributed to:	
Interest income	\$ 3,276,314
Retiree contributions	<u>2,455,247</u>
Total additions	<u>5,731,561</u>
Deductions from net assets attributed to:	
Benefits paid to participants	10,241,276
Insured premiums	<u>728,651</u>
Total benefits paid	<u>10,969,927</u>
Net depreciation in the fair value of common commingled trust funds	13,974,395
Administrative expenses	<u>1,168,274</u>
Total deductions	<u>26,112,596</u>
Net decrease	(20,381,035)
Net assets available for benefits	
Beginning of year	<u>132,655,607</u>
End of year	<u>\$ 112,274,572</u>

The accompanying notes are an integral part of these financial statements.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Statement of Plan Benefit Obligations
June 30, 2008 and 2007**

	2008	2007
Postretirement benefit obligations		
Participants currently receiving benefits	\$ 72,144,546	\$ 70,718,010
Other fully eligible participants	46,433,768	43,834,050
Participants not yet fully eligible for benefits	<u>61,822,461</u>	<u>58,378,540</u>
Total plan benefit obligations	<u>\$ 180,400,775</u>	<u>\$ 172,930,600</u>

The accompanying notes are an integral part of these financial statements.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Statement of Changes in Plan Benefit Obligations
Year Ended June 30, 2008**

Postretirement benefit obligations	
Balance at beginning of year	\$ 172,930,600
Increase (decrease) during the year attributable to:	
Additional benefits accumulated	13,343,827
Interest	10,589,318
Changes in actuarial assumption and other actuarial gains and losses	(7,948,290)
Benefits paid	(10,969,927)
Contributions from participants for benefits paid	2,455,247
Net increase	<u>7,470,175</u>
Postretirement benefit obligations, end of year	<u>\$ 180,400,775</u>

The accompanying notes are an integral part of these financial statements.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan**
Notes to Financial Statements
June 30, 2008 and 2007

1. Plan Description

The following description of the Columbia University Retiree Medical and Life Insurance Benefits Plan Trust (the "Plan") provides only general information. Participants should refer to the Plan's description for a complete explanation of the Plan's provisions.

General

The Plan provides health and life insurance benefits covering retired officers and support staff of Columbia University (the "University"). It is funded through the Columbia University Retiree Medical and Life Insurance Benefits Trust, payments from the University's general assets and retiree contributions.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Plan Benefits

The Plan covers health benefits (medical, hospital, surgical and prescription drugs) and life insurance to retirees and their eligible covered dependents. In general, eligibility for benefits under the Plan is attainment of age 55 and at least 10 years of service at the University. The University subsidizes the cost of medical and life insurance benefits for all eligible retirees and pays insured premiums for retiree life insurance and certain medical options. For officers who retired after December 31, 2002, the University has eliminated life insurance coverage. For eligible unionized participants, a life insurance benefit of up to \$6,000 is payable upon death after retirement.

Funding Policy and Participant Contributions

Contributions to the Plan from the University are not required. The University made a contribution to the Plan of \$10,400,000 for the year ended June 30, 2007. The University did not make a contribution for the year ended June 30, 2008.

For support staff, the Plan is noncontributory for participants. Officers who retired after 1986 make monthly contributions towards the Plan. The monthly contribution depends on the date of retirement, the health plan chosen by the retiree and the level of coverage. For officers who retired after June 30, 1994, contributions are calculated by subtracting the University's fixed dollar retiree health plan subsidy from the monthly premium of the health plan chosen by the beneficiary.

The health benefit claims made, insured premiums and certain administrative expenses are paid directly by Columbia University and are reimbursed by the Plan.

Contributions receivable, net, is the amount due to the Plan from the University at the end of the year, net of reimbursements due to the University from the Plan.

The Plan's deficiency of net assets over benefits obligations at June 30, 2008 and 2007 relates primarily to the post retirement benefit obligation, the funding of which is not covered by the current contribution rate provided by the University and retirees. It is expected that the deficiency will be funded through future increases in contributions by the University and/or retirees.

2. Summary of Significant Accounting Policies

Basis of Reporting

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan**
Notes to Financial Statements
June 30, 2008 and 2007

Investment Valuation and Income Recognition

Investments in common commingled trust funds are stated at fair value based on the net asset value of the shares held by the Plan on the last day of the plan year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date, or as soon as the investment advisor is informed of the ex-dividend date.

Actuarial Method

The actuarial method used to calculate plan benefit obligations is the projected unit credit method.

Benefits to Participants

Benefits to participants are recorded when paid.

Administrative Expenses

Investment expenses and claim administration expenses are paid by the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefits obligations and changes therein and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Risk and Uncertainties

The Plan invests in common commingled trust funds. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment funds will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits. Please see Note 8, Subsequent Events.

Plan contributions are made and the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

New Authoritative Pronouncements

In September 2006, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standard No. 157, "Fair Value Measurements" (SFAS 157). The standard defines fair value, outlines a framework for measuring fair value, and details the required disclosures about fair value measurements. The standard is effective for fiscal years beginning after November 15, 2007 except for certain provisions, which were deferred for an additional year. Management does not believe the adoption of SFAS 157 will have a material impact on the financial statements.

In February 2007, the FASB issued Statement of Financial Accounting Standard No. 159, "The Fair Value Option for Financial Assets and Financial Liabilities" (SFAS 159). The standard permits entities to choose to measure many financial instruments and certain other items at fair value. The standard is effective for fiscal years beginning after November 15, 2007. Management does not believe adoption of SFAS 159 will have a material impact on the financial statements.

Columbia University Retiree Medical and Life Insurance Benefits Plan

Notes to Financial Statements

June 30, 2008 and 2007

3. Postretirement Benefit Obligations

The postretirement benefit obligations represent the total actuarial present value of estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their eligible dependents and (2) active employees and their eligible covered dependents after retirement from service with the University. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations are determined by an independent actuarial firm and is the amount that results from applying actuarial assumptions to certain historical claims-cost data to estimate future annual incurred costs per participant. The obligation is adjusted for such estimates as the time value of money and the probability of payments between the valuation data and the expected date of payment. The most significant changes to the obligation in 2008 resulted from the change in the discount rate assumption. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 was enacted for employers that sponsor postretirement health care plans that provide prescription drug benefits. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D.1. The Plan has not reflected any amount associated with the Medicare subsidy in calculating its postretirement benefit obligation because the Plan is not directly entitled to the Medicare subsidy.

Significant actuarial assumptions are as follows:

- Discount rate – The plan benefit obligations were determined using discount rates of 6.70% at June 30, 2008, and 6.35% at June 30, 2007.
- Medical benefits – The June 30, 2008 and 2007 health care cost trend rate was assumed to be 8 percent. The health care trend rate was assumed to reduce .5 percent per year for 6 years, reaching 5 percent in 2013 and after. The health cost trend rate assumption has a significant effect on the amounts reported. Increasing the assumed health care cost trend rate by one percent in each year would increase the benefit obligation as of June 30, 2008 and 2007 by \$16.4 million and \$14.9 million, respectively and increase the aggregate of the service cost and interest cost components of the net postretirement benefit costs for 2008 by \$1.9 million.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Notes to Financial Statements
June 30, 2008 and 2007**

The average per capita claim cost assumptions for officers were as follows:

Average per capita claims cost	Age	Amount
Overall average	< 65	\$ 5,404
	>= 65	5,028
Under age 65	< 55	6,456
	55 - 59	7,694
	60 - 64	9,801
Age 65 and over	65 - 69	4,652
	70 - 74	5,058
	75 - 79	5,271
	80 - 84	5,283
	85 - 89	5,292
	>= 90	4,379

The average per capita claim cost assumptions for support staff were as follows:

Average per capita claims cost	Age	Amount
Overall average	< 65	\$ 3,092
	>= 65	1,851
Under age 65	< 55	2,210
	55 - 59	2,634
	60 - 64	3,355
Age 65 and over	65 - 69	1,627
	70 - 74	1,817
	75 - 79	1,931
	80 - 84	1,971
	85 - 89	2,050
	>= 90	1,722

- The mortality assumption is RP-2000 Combined Healthy, Blue Collar Projected to 2015, Scale AA and RP-2000 Combined Healthy, White Collar projected to 2015, Scale AA.
- Retirement age: rates vary by group and age. The average retirement ages by group are age 64 for support staff and age 65 for officers.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Notes to Financial Statements
June 30, 2008 and 2007**

4. Investments

The following presents investments of the Plan as of June 30, 2008 and 2007. Individual investments that represent five percent or more of the Plan's net assets are identified with (*).

	2008	2007
Common and Commingled Trust Funds		
State Sheet Bank & Trust Company		
S&P 500 Index Fund	\$ 50,601,219 *	\$ 54,617,451 *
Passive Bond Market Index Fund	22,435,534 *	24,348,493 *
Russell Small Cap Completeness Index Fund	15,593,308 *	16,952,166 *
IFCI Composite Fund	8,896,272 *	9,734,203 *
MSCI EAFE Index Fund	9,025,021 *	9,744,109 *
REIT Index Fund	5,608,831	6,047,673
	<u>\$ 112,160,185</u>	<u>\$ 121,444,095</u>

5. Plan Termination

The University has not expressed any intent to discontinue its contributions. However, it reserves the right to terminate or partially terminate the Plan at any time, subject to the provisions set forth in ERISA.

6. Related-Party Transactions

State Street global Advisors ("SSgA") provide investment advisory services to the Plan; as such, SSgA is a related party. Investments managed by SSgA qualify as party-in-interest transactions which are exempt from prohibited transaction rules. SSgA is a division of State Street Bank & Trust Company ("SSB&T") and is the investment management arm of State Street Corporation. Certain Plan investments may be invested in commingled vehicles which in turn are permitted to invest in shares of mutual funds advised by SSgA Funds Management, Inc. ("SSgA FM"). SSgA FM, an SEC registered investment advisor, only provides advisory services to U.S. SEC registered investment companies. SSgA FM is a wholly-owned subsidiary of State Street Corporation and an affiliate of SSB&T, including its investment advisory division, SSgA. During 2008 and 2007, SSgA was paid fees of \$295,437 and \$288,957, respectively. In addition, the University is a related party and a party-in-interest as certain services are provided by the University. Currently, the University does not seek reimbursement for such services.

7. Federal Income Tax Status

The Internal Revenue Service has determined and informed the University by letter dated June 28, 2000 that the Trust is intended to qualify pursuant to Section 501(c)(3) of the Internal Revenue Code (IRC) and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan Administrator and the Plan's internal legal counsel believe that the Trust continues to qualify and to operate in accordance with the applicable provisions of the IRC. Therefore no provision for income taxes has been made.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan
Notes to Financial Statements
June 30, 2008 and 2007**

8. Subsequent Events

As of May 31, 2009, the Plan's investment assets have depreciated in fair value by approximately 23 percent since June 30, 2008 due to the recent downturn in the financial markets. The University has assessed the impact of the decrease in the fair value of investments held by the Plan and has concluded that this does not affect the Plan's ability to continue as a going concern.

**Columbia University Retiree Medical and
Life Insurance Benefits Plan**
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2008

(a)	(b) Identity of Issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
*	State Street Bank & Trust Company			
	Investments in Common and Commingled Trust Funds			
	S&P 500 Index Fund	Common/Collective Trust	\$ 45,138,982	\$ 50,601,219
	Passive Bond Market Index Fund	Common/Collective Trust	22,262,943	22,435,534
	Russell Small Cap Completeness Index Fund	Common/Collective Trust	12,040,234	15,593,308
	IFCI Composite Fund	Common/Collective Trust	3,897,353	8,896,272
	MSCI EAFE Index Fund	Common/Collective Trust	6,612,722	9,025,021
	REIT Index Fund	Common/Collective Trust	4,878,920	5,608,831
			<u>\$ 94,831,154</u>	<u>\$ 112,160,185</u>

* Party in Interest (see Note 6)