

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

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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



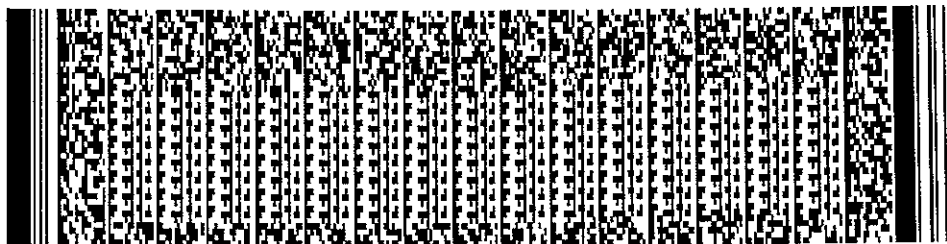
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

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

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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 RETIREMENT PLAN FOR SUPPORTING S	B Three-digit plan number 002
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

TIAA-CREF

(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
13-1624203	69345	975	2720	07/01/2007	06/30/2008

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	Total fees paid / amount
0	0

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

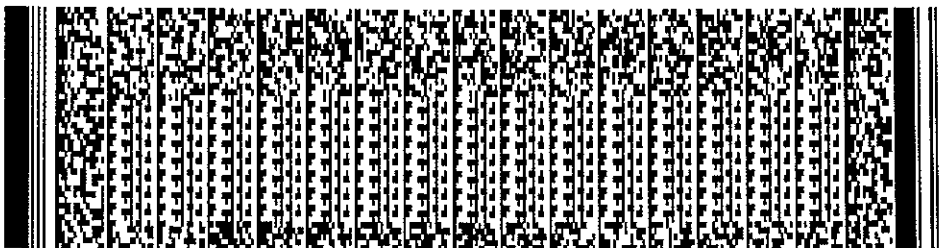
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(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 II 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	43455203

5 Contracts With Allocated Funds

a State the basis of premium rates ▶ SEE ATTACHED

b Premiums paid to carrier 1190543

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

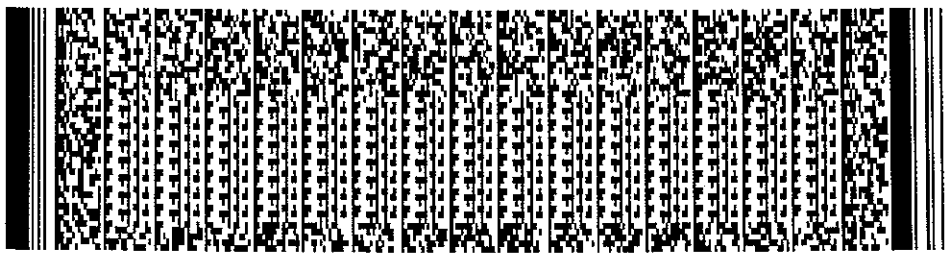
(3) Transferred to separate account

(4) Other (specify below)

▶

(5) Total deductions

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



Part II 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)

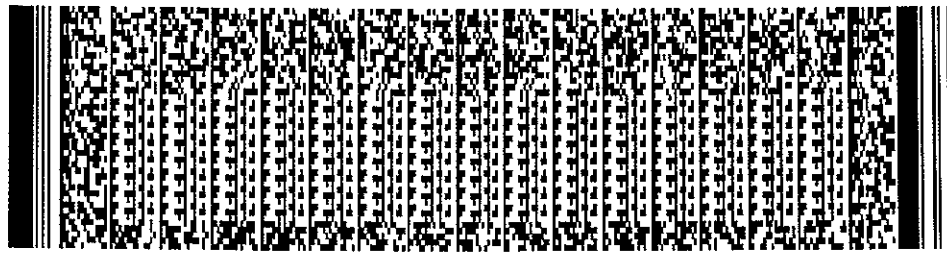
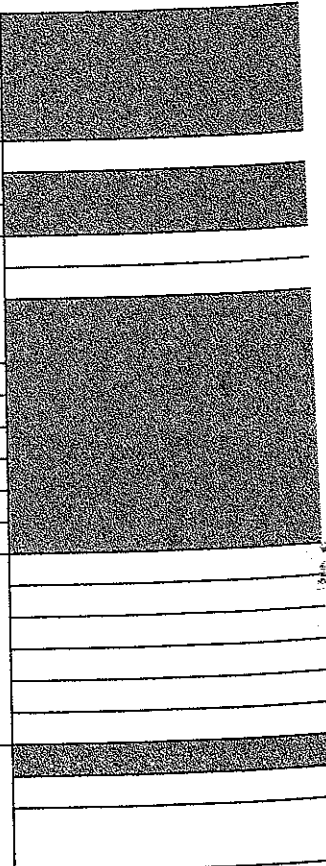
- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life Insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l**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

8 Experience-rated contracts

- 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. (These amounts were paid in cash, or credited.)
- 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. (Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

- 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 ▶



Plan Year Ending 2008

Rate Basis for Supplemental Retirement Annuities (SRA and GSRA)

**Teachers Insurance and Annuity Association
and College Retirement Equities Fund**

TIAA

The guaranteed rate basis for premiums applied to TIAA Supplemental Retirement Annuity contracts is in accordance with the terms of the participant's individual annuity contract. The guaranteed rate basis for future premiums is subject to change by TIAA upon three months' notice to policyholders. Any such change will be applicable only to premiums applied subsequent to the effective date of the change.

Under these contracts, the guaranteed rate basis for premiums applied during 2007 is interest at the rate of 3% per year compounded annually until the annuity starting date or prior death of the Annuitant and at the rate of 2.5% per year compounded annually thereafter.

Through dividends as declared by the TIAA Board of Trustees, actual interest credited by TIAA under Supplemental Retirement Annuity contracts currently substantially exceeds the guaranteed levels.

Total interest credited on net premiums applied on these contracts during the plan year equaled:

4.50% for premiums applied 01/01/07 - 12/31/07

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.
▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

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

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan COLUMBIA UNIVERSITY RETIREMENT PLAN FOR SUPPORTI		B Three-digit plan number ... ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ TRUSTEES OF COLUMBIA UNIVERSITY		D Employer Identification Number 13-5598093	
E Type of plan: (1) <input type="checkbox"/> Multiemployer (2) <input checked="" type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer	F	100 or fewer participants in prior plan year	

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 07 Day 01 Year 2007

b Assets:

(1) Current value of assets	b(1)	12927800
(2) Actuarial value of assets for funding standard account	b(2)	12927800
c (1) Accrued liability for plans using immediate gain methods	c(1)	7874391
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).



Melissa L. Nicholas

Signature of actuary

MELISSA L. NICHOLAS, F.S.A., E.A.

Type or print name of actuary

TOWERS PERRIN

Firm name

335 MADISON AVENUE
NEW YORK

NY

10017-4605

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v10.1

Schedule B (Form 5500) 2007



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	9239010
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	0
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	9239010
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	980486

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions) **2a** 12927800

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	644	5401487	5401487
(2) For terminated vested participants	439	3572011	3572011
(3) For active participants	28	265471	265512
(4) Total	1111	9238969	9239010

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage. **2c** %

3 Contributions made to the plan for the plan year by employer(s) and employees:

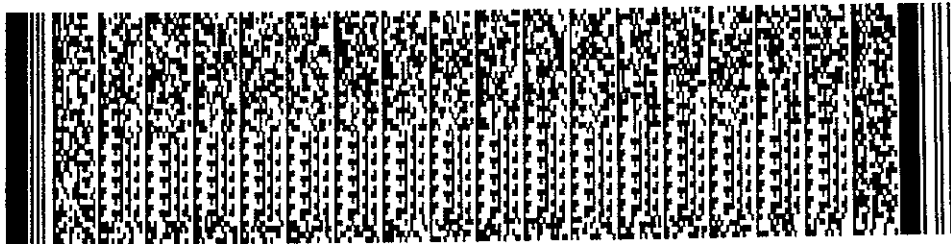
(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
3 Totals ▶ (b)			0	(c)	0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions). **4a** 130.3 %

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th



- 5 Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a Attained age normal b Entry age normal c Accrued benefit (unit credit)
- d Aggregate e Frozen initial liability f Individual level premium
- g Individual aggregate h Other (specify) ▶ _____
- i Has a change been made in funding method for this plan year? Yes No
- j If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? Yes No
- k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

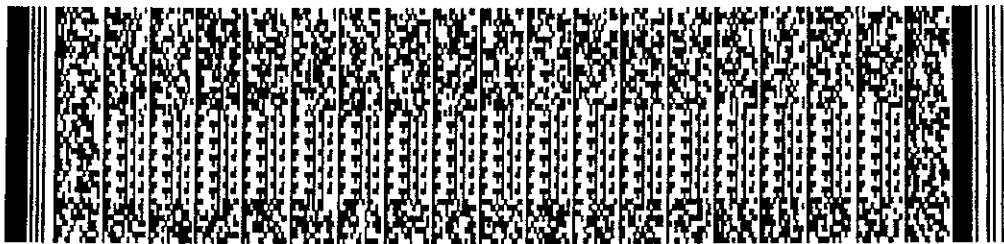
a Interest rate for "RPA '94" current liability	6a	5.83 %	<input type="checkbox"/> N/A
b Weighted average retirement age	6b	64	<input type="checkbox"/> N/A
c Rates specified in insurance or annuity contracts .. <input type="checkbox"/> N/A			
6c		Pre-retirement	Post-retirement
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d Mortality table code for valuation purposes:			
(1) Males	d(1)	A	A
(2) Females	d(2)	A	A
e Valuation liability interest rate	6e	8.00 %	8.00 % <input type="checkbox"/> N/A
f Expense loading	6f	0.0 %	0.0 % <input type="checkbox"/> N/A
g Annual withdrawal rates:			
(1) Age 25	g(1)	S 56.93 %	S 56.93 %
(2) Age 40	g(2)	S 36.90 %	S 36.90 %
(3) Age 55	g(3)	S 17.10 %	S 17.10 %
h Salary scale	6h		<input checked="" type="checkbox"/> N/A
i Estimated investment return on actuarial value of assets for year ending on the valuation date	6i		15.2 %
j Estimated investment return on current value of assets for year ending on the valuation date	6j		15.2 %

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	-712577	-165250

8 Miscellaneous information:

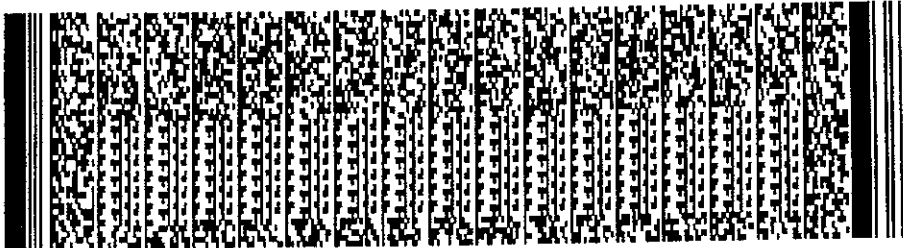
a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year



- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions **▶** _____
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule Yes No

9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a	Prior year funding deficiency, if any		9a 0
b	Employer's normal cost for plan year as of valuation date		9b 0
c	Amortization charges as of valuation date:	Outstanding Balance	
(1)	All bases except funding waivers	▶ (\$ 7274021)	c(1) 1327416
(2)	Funding waivers	▶ (\$ 0)	c(2) 0
d	Interest as applicable on lines 9a, 9b, and 9c		9d 106193
e	Additional interest charge due to late quarterly contributions, if applicable		9e
f	Adjusted additional funding charge from Part II, line 12q, if applicable	<input type="checkbox"/> N/A	9f 0
g	Total charges. Add lines 9a through 9f		9g 1433609
Credits to funding standard account:			
h	Prior year credit balance, if any		9h 5741132
i	Employer contributions. Total from column (b) of line 3		9i 0
j	Amortization credits as of valuation date	Outstanding Balance	
		▶ (\$ 3863331)	9j 1059086
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j		9k 544018
l	Full funding limitation (FFL) and credits		
(1)	ERISA FFL (accrued liability FFL)	l(1) 742741	
(2)	"RPA '94" override (90% current liability FFL)	l(2) 0	
(3)	FFL credit		l(3) 0
m	(1) Waived funding deficiency		m(1) 0
	(2) Other credits		m(2) 0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)		9n 7344236
o	Credit balance: If line 9n is greater than line 9g, enter the difference		9o 5910627
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference		9p 0
Reconciliation account:			
q	Current year's accumulated reconciliation account:		
(1)	Due to additional funding charges as of the beginning of the plan year	q(1) 2722967	
(2)	Due to additional interest charges as of the beginning of the plan year	q(2) 0	
(3)	Due to waived funding deficiencies:		
(a)	Reconciliation outstanding balance as of valuation date	q(3)(a) 0	
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b) 0	
(4)	Total as of valuation date	▶	q(4) 2722967
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		10 0

- 11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions Yes No



Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b.

b "RPA '94" current liability. Enter line 1d(2)(a)

c Adjusted value of assets (see instructions)

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100

e Unfunded current liability. Subtract line 12c from line 12b.

f Liability attributable to any unpredictable contingent event benefit

g Outstanding balance of unfunded old liability

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative

i Unfunded new liability amount (_____ % of line 12h)

j Unfunded old liability amount

k Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b).

l Net charges in funding standard account used to offset the deficit reduction contribution. Enter

a negative number if less than zero.

m Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event

(2) Unfunded current liability percentage. Subtract the percentage

on line 12d from 100%.

(3) Enter the product of lines 12m(1) and 12m(2)

(4) Amortization of all unpredictable contingent event liabilities

(5) "RPA '94" additional amount (see instructions).

(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5).

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6),

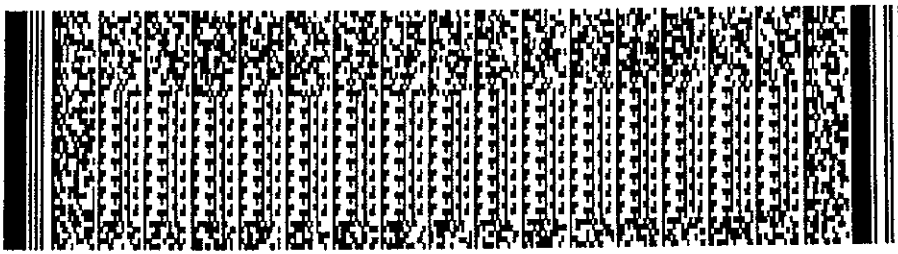
adjusted to end of year with interest

o Contributions needed to increase current liability percentage to 100% (see instructions)

p Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o

q Adjusted additional funding charge. (_____ .0 % of line 12p)

12a	139.9 %
12b	
12c	
12d	%
12e	
12f	
12g	
12h	
12i	
12j	
12k	
12l	
m(1)	
m(2)	%
m(3)	
m(4)	
m(5)	
m(6)	
12n	
12o	
12p	
12q	0



Actuarial Assumptions and Methods

	Pension Cost	Contributions
Economic Assumptions		
Discount rate	6.15%	8.00%
Return on assets	8.00%	N/A
Current liability interest rate:		
▶ Highest allowable	N/A	5.83%
▶ Selected	N/A	5.83%
Annual rates of increase		
▶ Salaries:		
– Weighted average	N/A	N/A
▶ Statutory limits on compensation and benefits	3.50%	N/A

Demographic and Other Assumptions

Mortality for pension cost and contributions:

- ▶ Healthy RP-2000 Combined Healthy Blue Collar projected to 2015, Scale AA
- ▶ Disabled Disability Mortality of Revenue Ruling 96-7

Mortality for current liability:

- ▶ Healthy Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2022 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2014 using Scale AA).
- ▶ Disabled Disability Mortality of Revenue Ruling 96-7

Termination

Rates varying by age and service

Sample rates after three years of service (higher rates apply if fewer than three years of service):

Age		
25	40	55
25.3%	16.4%	7.6%

Disability

Rates varying by age

Sample rates:

Age		
25	40	55
.03%	.04%	.45%

Retirement

Age	Rate
55-59	2%
60-61	5%
62	20%
63-64	10%
65	50%
66-69	30%
70	100%

Benefit commencement date:

Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55

Deferred vested benefit The later of age 65 or termination of employment

Disability benefit Upon disablement

Retirement benefit Upon retirement from employment

Form of payment Life annuity

Percent married 80% of males; 80% of females

Spouse age Wife two years younger than husband

Administrative expense:

▶ Pension cost Return on asset assumption is net of any expenses paid by the trust.

▶ Contributions Discount rate is chosen to be net of expenses paid by the trust.

Loadings None

Cash flow for pension cost purposes:

- ▶ Amount and timing of contributions Contributions are made on the last day required to meet quarterly and minimum funding requirements.
- ▶ Timing of benefit payments Annuity payments are payable monthly and lump sum payments are payable on date of decrement.

Methods

Pension cost:

Measurement date Fiscal year-end
 Service cost and projected benefit obligation Projected unit credit

Market-related value of assets The fair value of assets on the measurement date, less the following percentages of experience gains and losses on fair value of assets:
 80% of the first preceding 12 months
 60% of the second preceding 12 months
 40% of the third preceding 12 months
 20% of the fourth preceding 12 months

Amortization of unrecognized amounts:

- Prior service cost (credit) Increase in PBO resulting from a plan amendment is amortized on a straight-line basis over the expected average remaining lifetime of inactive participants. Decrease in PBO first reduces any unrecognized prior service cost; any remaining amount is amortized on a straight-line basis as described above.
- Net loss (gain) Net loss (gain) in excess of 10% of the greater of PBO or the market-related value of assets is amortized on a straight-line basis over the expected average remaining lifetime of inactive participants.

Contributions:

Valuation date First day of plan year
 Normal cost and actuarial accrued liability Projected unit credit
 Actuarial value of assets Equal to fair value plus contributions receivable.

Funding policy The University's funding policy is to contribute an amount at least equal to the minimum required contribution under ERISA. Columbia University may increase its contribution above the minimum, if appropriate to its cash position and the plan's funded status.

Benefits Not Valued All benefits described in the Plan Provisions section of this report were valued.

Change in Assumptions and Methods Since Prior Valuation

Pension cost The discount rate for benefit obligations was changed from 6.25% to 6.15%.

Contributions The current liability interest rate was changed from 5.77% to 5.83%. These rates are within the permissible ranges for these calculations.

The required mortality table used to calculate current liability was changed from 1983 GAM to RP-2000 (separate tables of rates for non-annuitants and annuitants) to comply with IRS regulations issued in 2007.

Data Sources

Towers Perrin used asset data and participant data supplied by the University. Columbia University furnished the accrued pension cost as of June 30, 2007. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Perrin actuaries when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Provisions

Plan Effective Date	7/1/1949
Last Change Effective	6/1/2002
Next Change Effective	N/A
Type of Plan	Defined Benefit Plan for service prior to 1/1/1976; replaced by a separate Defined Contribution Plan for service after that date.
Normal Form	Life Annuity if single; 50% Joint and Survivor if married.
Participation Service	From Date of Hire if hired after 1/1/76 (assuming works \geq 1,000 hours in first year); if participant on 1/1/76, then participation continues after that date.
Credited Service	Service as a participant prior to age 65, as of 1/1/76.
Vesting Service	All University service from Date of Hire; one year of service per 1,000-hour year.
Pension Earnings	Aggregate compensation, excluding overtime.
Accrued Benefit	For each year of Credited Service prior to January 1, 1976, the benefit equals 1.25% of compensation plus .25% of compensation between \$6,600 and \$7,800 plus .50% of compensation in excess of \$7,800. For this purpose, compensation for any plan year before 1971 will be the 12/31/70 rate of pay.

—Earliest Eligibility—

Benefit	Age	Vest Svc	Description
Normal Retirement	65		Accrued Benefit payable immediately
Early	55	5	Accrued Benefit payable unreduced at 65, reduced 6.667% for each year to 60, 3.333% to 55
Postponed	> 65		Accrued Benefit payable immediately
Vesting		5	Accrued Benefit payable unreduced at 65, reduced 6.667% for each year to 60, 3.333% to 55
Disability		5	Accrued Benefit payable immediately
Pre-Retirement Death (Surviving Spouse)	Die with:	5	Reduced 50% joint and survivor early retirement benefit payable to spouse only. If participant attained age \geq 55, payable immediately. If not, payable in year participant would have attained age 55.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum contributions. Towers Perrin is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Columbia University Retirement Plan
Supporting Staff of Columbia University
EIN: 13-5598093 PN: 002
Attachment to 2007 Schedule B (Form 5500)
Line 6(b) - Description of Weighted Average Retirement Age

The weighted average retirement age of 64 is calculated assuming a sample population of 1,000 lives currently age 55. It is weighted based on the expected number of retirements at each age. The steps of the calculation are summarized below:

(1)	(2)	(3)	(4)	(5)
Age	Exposure	Retirement Rate Decrement	Number Retired at Age (2) * (3)	(1) * (4)
55	1,000	2%	20	1,100
56	980	2%	20	1,120
57	960	2%	19	1,083
58	941	2%	19	1,102
59	922	2%	18	1,062
60	904	5%	45	2,700
61	859	5%	43	2,623
62	816	20%	163	10,106
63	653	10%	65	4,095
64	588	10%	59	3,776
65	529	50%	265	17,225
66	264	30%	79	5,214
67	185	30%	56	3,752
68	129	30%	39	2,652
69	90	30%	27	1,863
70	63	100%	63	<u>4,410</u>
				63,883

Weighted Average Age at Retirement: $63,883/1,000 = 64$

Columbia University Retirement Plan for Supporting Staff
 EIN: 13-5598093 PN: 002
 Attachment to 2007 Schedule B (Form 5500)
 Line 9c and 9j – Schedule of Funding Standard Account Bases

Submitted at:	02/08/2008 09:53				
Client:	Columbia University				
Assignment Version:	VALPENS2007				
Plan Version:	Support Staff Pension				
Valuation Date:	7/1/2007				
Prior Valuation Date:	7/1/2006				
Next Valuation Date:	7/1/2008				
Amortization Record in Support of Funding Standard Account for the Plan Year					
Plan Year period:	7/1/2007 through 6/30/2008				
Tax Year period:	7/1/2007 through 6/30/2008				
Column Type:	With Statutory Change 2				
	Initial Amount	Date of First Charge or Credit	Remaining Period	Outstanding Balance Beginning of Year	Amortization Charge or Credit
1. Amortization Charges					
1976 Initial UAL Charge	13,535,775	1/1/1976	8.500	6,788,889	1,048,234
2002 Actuarial Loss	1,013,203	7/1/2003	1.000	235,445	235,445
2004 Assumption Change	292,703	7/1/2004	7.000	227,110	40,390
2006 Assumption Change	24,252	7/1/2006	9.000	22,577	3,347
Total Amortization Charges				7,274,021	1,327,416
2. Amortization Credits					
1985 Assumption Change	3,236,566	1/1/1985	7.500	1,616,259	273,265
2003 Actuarial Gain	1,543,712	7/1/2004	2.000	689,470	357,993
2004 Actuarial Gain	511,927	7/1/2005	3.000	330,424	118,718
2005 Actuarial Gain	620,342	7/1/2006	4.000	514,601	143,860
2006 Actuarial Gain	712,577	7/1/2007	5.000	712,577	165,250
Total Amortization Credits				3,863,331	1,059,086
3. Credit Balance/(Deficiency) as of Beginning of Plan Year				5,741,132	
4. Accumulated Reconciliation Account as of Beginning of Plan Year				2,722,967	
5. Balance Test				(5,053,409)	
6. Unfunded Actuarial Accrued Liability as of Beginning of Plan Year				(5,053,409)	

The current liability interest rate was changed from 5.77% to 5.83%. These rates are within the permissible ranges for these calculations.

The required mortality table used to calculate current liability was changed from 1983 GAM to RP-2000 (separate rates for non-annuitants based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2022 using Scale AA and annuitants based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2014 using Scale AA) to comply with IRS regulations issued in 2007.



**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 RETIREMENT PLAN FOR SUPPORTING ST

B Three-digit plan number ▶ 002

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)

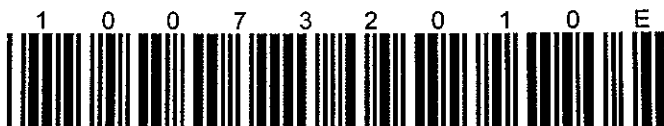
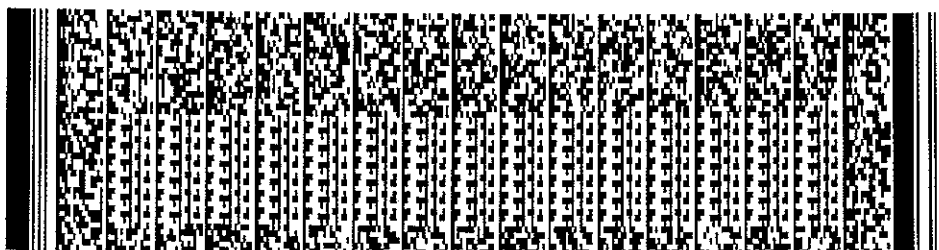
1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1**

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		
		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)	
			12	

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position		
TOWERS PERRIN	23-1159360	ACTUARIAL		
(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	0	44068	11	

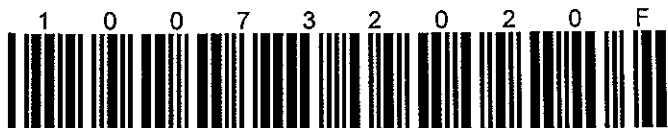
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule C (Form 5500) 2007



(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	0	24779	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
SAVITZ	23-1700844	CONSULTING	
(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	0	14525	17

(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)



Part II 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: _____

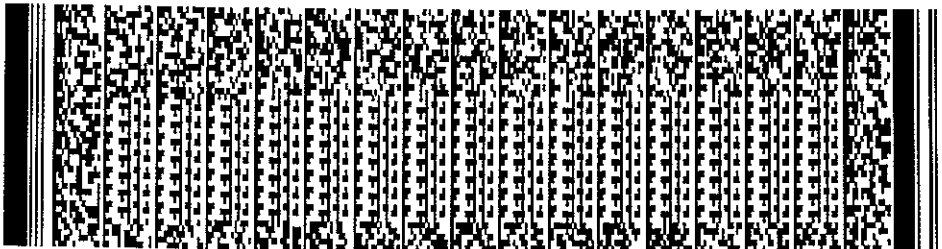
(a) Name _____ (b) EIN _____

(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 RETIREMENT PLAN FOR SUPPORTING S

B Three-digit plan number 002

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 3 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 BALANCED GROWTH INDEX SL FUND

(b) Name of sponsor of entity listed in (a) STATE STREET BANK AND TRUST COMPANY

(c) EIN-PN 04-0025081-050 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 11327045

(a) Name of MTIA, CCT, PSA, or 103-12IE TIAA-CREF REAL ESTATE ACCOUNT

(b) Name of sponsor of entity listed in (a) TIAA-CREF

(c) EIN-PN 13-1624203-004 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2388332

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

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

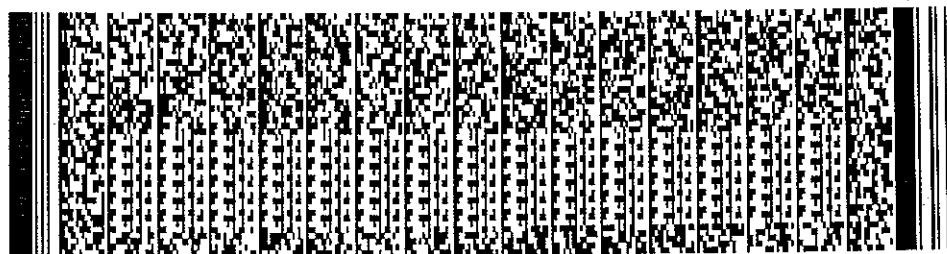
(c) EIN-PN _____ (d) Entity code _____ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) _____

(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) _____

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



(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) _____

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

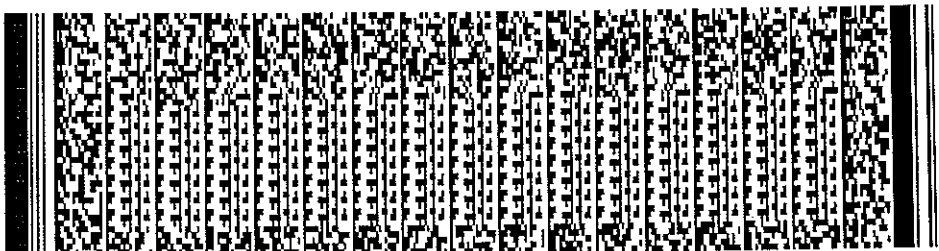
(b) Name of sponsor of entity listed in (a) _____

(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 _____

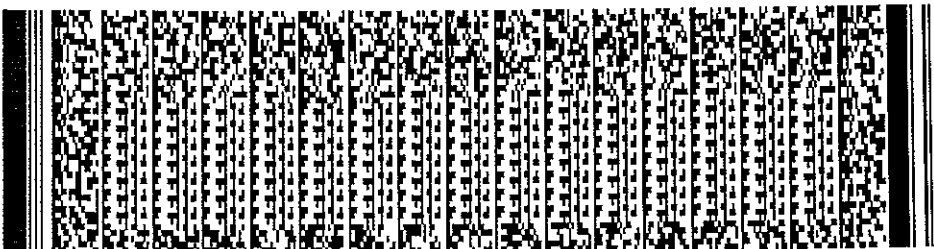
(b) Name of plan sponsor _____ (c) EIN-PN _____

(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 07/01/2007 and ending 06/30/2008

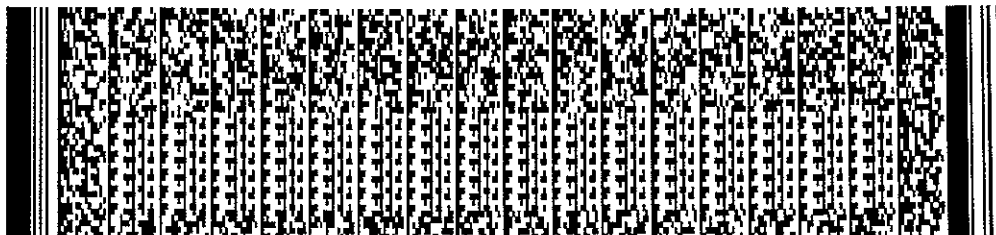
A Name of plan COLUMBIA UNIVERSITY RETIREMENT PLAN FOR SUPPORTING	B Three-digit plan number 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF COLUMBIA UNIVERSITY	D Employer Identification Number 13-5598093

Part I 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)	0	
(2) Participant contributions	b(2)		
(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)	13197074	11327045
(10) Value of interest in pooled separate accounts	c(10)	2262226	2388332
(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)	60273738	55709857
(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



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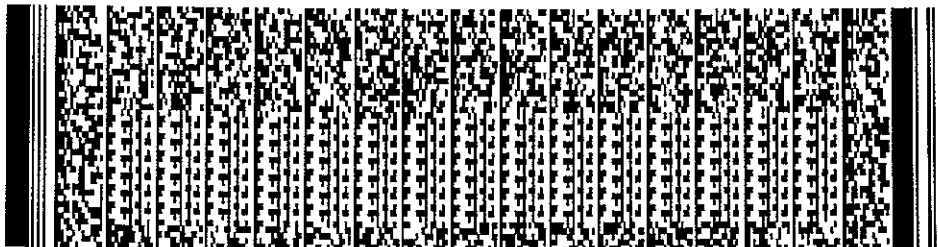


1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	75733038	69425234
Liabilities			
g Benefit claims payable	g		
h Operating payables	h		
i Acquisition indebtedness	i		
j Other liabilities	j	287634	84820
k Total liabilities (add all amounts in lines 1g through 1j)	k	287634	84820
Net Assets			
l Net assets (subtract line 1k from line 1f)	l	75445404	69340414

Part I 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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	a(1)(A)	2514001	
(B) Participants	a(1)(B)		
(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)		2514001
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)	-550354
(7) Net investment gain (loss) from pooled separate accounts	b(7)	157402
(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)	-3872037
c Other income	c	
d Total income. Add all income amounts in column (b) and enter total	d	-1750988
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	2518063
(2) To insurance carriers for the provision of benefits	e(2)	1752567
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	4270630
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)	58593
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	24779
(4) Other	i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	83372
j Total expenses. Add all expense amounts in column (b) and enter total	j	4354002
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	-6104996
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):

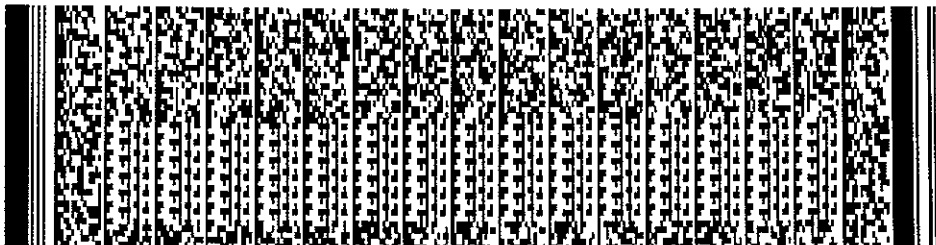
(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse

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.



1 8 0 7 3 2 0 3 0 0



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:

	Yes	No	Amount
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.)		X	
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)		X	
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)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	X		
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)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	

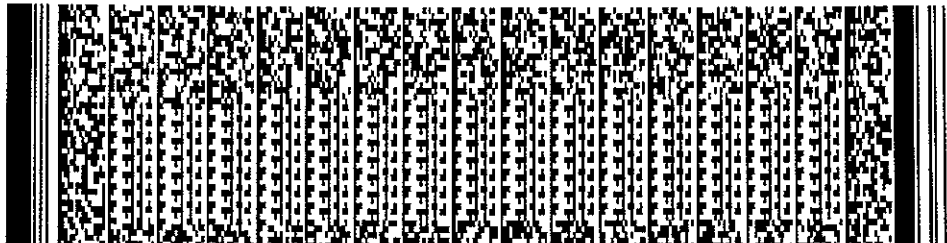
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. Yes No Amount _____

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)



**SCHEDULE R
(Form 5500)**

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

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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 07/01/2007 and ending 06/30/2008

A Name of plan COLUMBIA UNIVERSITY RETIREMENT PLAN FOR SUPPORTING S	B Three-digit plan number 002
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 Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1 \$	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <u>13-1624203</u> <u>13-6022042</u>		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	130

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No N/A
If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver Month Day Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year	6a \$
b Enter the amount contributed by the employer to the plan for this plan year	6b \$
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c \$

If you completed line 6c, skip lines 7 and 8 and complete line 9.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) Increase Decrease No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements the ratio percentage test average benefit test

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



**SCHEDULE SSA
(Form 5500)**

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

▶ File as an attachment to Form 5500 unless box 1 is checked.

Department of the Treasury
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

2007

This Form is NOT 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 RETIREMENT PLAN FOR SUPPORTING ST	B Three-digit plan number ▶ <u>002</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>

1 Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

3a Name of plan administrator (if other than sponsor)

3b Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature of plan
administrator ▶

Phone number of plan administrator ▶ 212-870-2832

Date ▶

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

