

5500

Annual Return/Report of Employee Benefit Plan

Official Use Only

OMB Nos. 1210-0110 / 1210-0089

2007

This Form is Open to Public Inspection.

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.

Annual Report Identification Information

the calendar plan year 2007
Fiscal plan year beginning

07012007

and ending

06302008

- This return/report is for: (1) a multiemployer plan; (2) X a single-employer plan (other than a multiple-employer plan); (3) a multiple-employer plan; or (4) a DFE (specify)

- This return/report is: (1) the first return/report filed for the plan; (2) an amended return/report; (3) the final return/report filed for the plan; (4) a short plan year return/report (less than 12 months).

If the plan is a collectively-bargained plan, check here

If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) X

Part II Basic Plan Information -- enter all requested information.

1a Name of plan

COLUMBIA UNIVERSITY
VOLUNTARY RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) 009

1c Effective date of plan 07012006

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.

Signature of plan administrator

SIGN HERE

Type or print name of individual signing as plan administrator

Lucinda Durning

Date

May 7, 2009

a LUCINDA DURNING

Signature of employer/plan sponsor/DFE

SIGN HERE

Type or print name of individual signing as employer, plan sponsor or DFE

Lucinda Durning

Date

May 7, 2009

b LUCINDA DURNING

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

Form 5500 (2007)

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v10.1

2a Plan sponsor's name and address (employer, if for single-employer plan) (Address should include room or suite no.)

1) TRUSTEES OF COLUMBIA UNIVERSITY

2) C / O BENEFITS DEPARTMENT

3) 615 WEST 131ST STREET

4) NEW YORK

2b Employer Identification Number (EIN)

5) NY 100277922

135598093

6) 2c Sponsor's telephone number

2128702832

7) 2d Business code (see instructions) 611000

8)

9)

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

1) SAME

2) C / O

3)

4)

3b Administrator's EIN

5)

6)

3c Administrator's telephone number

7)

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

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5 Preparer information (optional)

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

1)

2)

3)

b EIN

4)

5)

c Telephone number

6)

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

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

b Retired or separated participants receiving benefits

c Other retired or separated participants entitled to future benefits

d Subtotal. Add lines 7a, 7b, and 7c 0

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

f Total. Add lines 7d and 7e 0

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

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

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)

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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 below the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

2L 2M

b Welfare benefits (check this box if the plan provides welfare benefits and enter below 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) A (Insurance Information)
- 4) C (Service Provider Information)
- 5) D (DFE/Participating Plan Information)
- 6) G (Financial Transaction Schedules)

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Form 5500, Box D - DFVC Filing
Statement

This Form 5500 for the Columbia University Voluntary Retirement Savings Plan (Plan No. 009) is being filed under the Delinquent Filer Voluntary Compliance Program.