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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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> Open to Public Inspection

Department of the Treasury

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK ☐ Address change 13-5598093 % JULIA SHANAHAN ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 WEST 131ST STREET MC 8741 ☐ Amended return ☐ Application pending (212) 854-4684 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY  $\,$  100277922 G Gross receipts \$ 7,989,773,992 Name and address of principal officer: H(a) Is this a group return for Lee C Bollinger □Yes ☑No subordinates? 615 West 131st St MC 8741 H(b) Are all subordinates New York, NY 100277922 ☐ Yes ☐No included? **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► www.columbia.edu L Year of formation: 1754 M State of legal domicile: NY **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1 Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 24 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 38,186 **6** Total number of volunteers (estimate if necessary) . . . . 6 14,372 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a -71,775,614 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,626,034,525 1,795,585,528 Ravenue 3,385,080,205 9 Program service revenue (Part VIII, line 2g) . 3,346,803,352 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 478,275,860 634,552,990 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 103,438,619 128,177,159 5,554,552,356 5,943,395,882 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 738,171,207 773,317,842 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,132,856,099 3,365,043,357 Expenses 1,588,677 1,598,925 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶125,118,317 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,395,876,301 1,393,247,240 \_\_ 5,268,492,284 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 5,533,207,364 Revenue less expenses. Subtract line 18 from line 12 . 286,060,072 410,188,518 Net Assets or Fund Balances Beginning of Current Year End of Year 19,924,189,461 20,956,690,344 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 3,939,904,906 4,697,474,752 22 Net assets or fund balances. Subtract line 21 from line 20 . 15,984,284,555 16,259,215,592 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2021-05-07 Signature of officer Sign

Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name PricewaterhouseCoopers LLP

New York, NY 10017

Firm's address ≥ 300 Madison Avenue

MARK HAWKINS VP, FIN & CONTROLLER Type or print name and title

Print/Type preparer's name

Here

Paid

Preparer Use Only

Cat. No. 11282Y

Check  $\square$  if

self-employed

Phone no. (646) 471-3000

Firm's EIN ▶

P00460263

☑ Yes ☐ No

| Form                               | 990 (2019)   |   |  |   |   | Page <b>2</b>  |  |  |  |
|------------------------------------|--|---|--|---|---|--|--|--|--|
| Pa                                 | t III Statemen   | t of Program Se   | rvice Accomplis  | hments  |   |  |  |  |  |
|                                    | Check if Sch   | nedule O contains a r   | esponse or note to a   | any line in this Part III   |   | 🗹  |  |  |  |
| 1                                  | Briefly describe the   | organization's missi  | on:  |   |   |  |  |  |  |
| DIST<br>THE UVAST<br>RESE<br>ALL A | INGUISHED LEARNIN<br>JNIVERSITY RECOGN<br>RESOURCES OF A G<br>ARCH AND TEACHIN | NG ENVIRONMENT FO<br>NIZES THE IMPORTA<br>GREAT METROPOLIS.<br>G ON GLOBAL ISSUE<br>ERSITY TO ADVANCE | OR UNDERGRADUAT<br>NCE OF ITS LOCATION<br>IT SEEKS TO ATTRA<br>SS, AND TO CREATE | ES AND GRADUATE ST<br>ON IN NEW YORK CITY<br>ACT A DIVERSE AND IN<br>ACADEMIC RELATIONS | AND SEEKS TO LINK ITS R<br>TERNATIONAL FACULTY AN           | RLY AND PROFESSIONAL FIELDS.<br>ESEARCH AND TEACHING TO THE<br>D STUDENT BODY, TO SUPPORT<br>IES AND REGIONS. IT EXPECTS |  |  |  |
| _                                  |  |   |  |   |   |  |  |  |  |
| 2                                  | _  | , -   | ificant program ser  | vices during the year w   | hich were not listed on                                     | . □Yes ☑No   |  |  |  |
|                                    | the prior Form 990   |   |  |   |   | . ∟Yes ⊻No   |  |  |  |
| _                                  | •  | hese new services or  |  |   |   |  |  |  |  |
| 3                                  | <u>-</u>   | <u>-</u> .  | _  | changes in how it cond  | ucts, any program   | □ Yes ☑ No   |  |  |  |
|                                    | services?  |   |  |   |   |  |  |  |  |
| 4                                  | Describe the organ<br>Section 501(c)(3) a                                      | ization's program ser   | vice accomplishmer<br>zations are required                                       | to report the amount of   | largest program services, a<br>of grants and allocations to |  |  |  |  |
| 4a                                 | (Code:   | ) (Expenses \$  | 2,058,244,938  | including grants of \$  | 623,604,910 ) (Revenue :                                    | \$ 1,731,212,091 )   |  |  |  |
|                                    | See Additional Data  |   |  |   |   |  |  |  |  |
| 4b                                 | (Code:   | ) (Expenses \$  | 1,185,396,563  | including grants of \$  | 11,564,712 ) (Revenue :                                     | \$ 1,297,261,020 )   |  |  |  |
|                                    | See Additional Data  |   |  |   |   |  |  |  |  |
| 4c                                 | (Code:   | ) (Expenses \$  | 660,083,384  | including grants of \$  | 131,394,024 ) (Revenue                                      | \$ 189,370,302)  |  |  |  |
|                                    | See Additional Data  |   |  |   |   |  |  |  |  |
|                                    | See Additional Data  | a Table   |  |   |   |  |  |  |  |
| 4d                                 |  | vices (Describe in Sc   | •  |   |   |  |  |  |  |
|                                    | (Expenses \$   | 1,088,038,954   | including grants of  | \$ 6,754,   | 196 ) (Revenue \$   | 167,236,792 )  |  |  |  |
| 4e                                 | Total program se   | rvice expenses >  | 4,991,763,8  | 39  |   |  |  |  |  |

| Pari | Checklist of Required Schedules   |     |      |                 |
|------|---|-----|------|-----------------|
|      |   |     | Yes  | No              |
|      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2   | 1   | Yes  |                 |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆   | 2   | Yes  |                 |
|      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I "  | 3   |      | No              |
|      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes  |                 |
|      | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\$ .   | 5   |      | No              |
|      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>  |     | Yes  |                 |
| 7    | Schedule D, Part   2  | 7   | 1.00 | No              |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III  | 8   | Yes  |                 |
| 9    | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |      | No              |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  | Yes  |                 |
|      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |      |                 |
|      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes  |                 |
|      | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2   | 11b | Yes  |                 |
|      | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |      | No              |
|      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |      | No              |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦   | 11e | Yes  |                 |
|      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |      | No              |
|      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |      | No              |
|      | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes  | _               |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | Yes  |                 |
|      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | Yes  |                 |
|      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes  |                 |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  | Yes  |                 |
|      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |      | No              |
|      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)  | 17  | Yes  |                 |
|      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes  |                 |
|      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |      | No              |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |      | No              |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |      |                 |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes  | <b>0</b> (2019) |

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|-----|--|-----|-----|----------|
| -'a | tiv Checklist of Required Schedules (continued)  | 1   | Yes | No       |
|     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,   | 22  |     |          |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |     | Yes |          |
|     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>  | 23  | Yes |          |
| a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a | Yes |          |
| ,   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     | N-       |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c | Yes |          |
| ı   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     | N-       |
| a   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | N:       |
| •   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b |     | No       |
|     | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  | Yes |          |
|     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III | 27  |     | N        |
|     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |          |
| 1   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a |     | N        |
| •   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b | Yes |          |
|     | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c |     | N:       |
|     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒   | 29  | Yes |          |
|     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 30  | Yes |          |
|     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | N        |
|     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | N        |
|     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  | Yes |          |
|     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34  | Yes |          |
| 1   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | Yes |          |
| •   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b | Yes |          |
|     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | N        |
|     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | N        |
|     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes |          |
| æ   | Statements Regarding Other IRS Filings and Tax Compliance  |     |     |          |
| _   | Check if Schedule O contains a response or note to any line in this Part V   | · ; | V   | <b>✓</b> |
| •   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   40,563   |     | Yes | N        |
|     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0   |     |     | 1        |

**1**c

Yes

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|-----|--|------------|-----|----------|--|--|
|     | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |          |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |     |          |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b         | Yes |          |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         | Yes |          |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         | Yes |          |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: | 4a         | Yes |          |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |          |  |  |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No       |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No<br>—— |  |  |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |          |  |  |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a         |     | No<br>   |  |  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |     |          |  |  |
|     | Organizations that may receive deductible contributions under section 170(c).  |            |     |          |  |  |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         | Yes |          |  |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         | Yes |          |  |  |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | No       |  |  |
|     | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |          |  |  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | No       |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | No       |  |  |
| _   | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |     |          |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |          |  |  |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     | No       |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |            |     |          |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9</b> a |     | No       |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     | No       |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  |            |     |          |  |  |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a   |            |     |          |  |  |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |     |          |  |  |
| 11  | Section 501(c)(12) organizations. Enter:   |            |     |          |  |  |
| a   | Gross income from members or shareholders  |            |     |          |  |  |
| D   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |            |     |          |  |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |          |  |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |            |     |          |  |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |          |  |  |
|     | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |          |  |  |
|     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |          |  |  |
|     | Enter the amount of reserves on hand   |            |     |          |  |  |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | No       |  |  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        |     |          |  |  |
|     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15         | Yes |          |  |  |
| 16  | If "Yes," complete Form 4720, Schedule O.  | 16         |     | No       |  |  |

| orm | 990 (2019)  |         |           | Page <b>6</b> |
|-----|---|---------|-----------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to i | lines         |
| Se  | ction A. Governing Body and Management  |         |           |               |
| 1.  | Enter the number of voting members of the governing body at the end of the tax year   1a   24   |         | Yes       | No            |
| 14  | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or   |         |           |               |
| b   | similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent   |         |           |               |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |         |           |               |
| 3   | officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision   | 2       |           | No            |
|     | of officers, directors or trustees, or key employees to a management company or other person?   | 3       |           | No<br>No      |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 5       | Yes       | No            |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 6       | res       | N.a           |
| 6   | Did the organization have members or stockholders?  | P P     |           | No            |
|     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a      |           | No            |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b      |           | No            |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |           |               |
| а   | The governing body?   | 8a      | Yes       |               |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b      | Yes       |               |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>   | 9       |           | No            |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu   | e Code  | ∍.)       |               |
|     |   |         | Yes       | No            |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a     |           | No            |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |           |               |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a     | Yes       |               |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |         |           |               |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a     | Yes       |               |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b     | Yes       |               |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c     | Yes       |               |
| 13  | Did the organization have a written whistleblower policy?   | 13      | Yes       | _             |
| 14  | Did the organization have a written document retention and destruction policy?  | 14      | Yes       |               |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |           |               |
| а   | The organization's CEO, Executive Director, or top management official  | 15a     | Yes       |               |
| b   | Other officers or key employees of the organization   | 15b     | Yes       |               |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |           |               |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a     |           | No            |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?    |         |           |               |
|     |   | 16b     |           |               |
|     | ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶  |         |           |               |
| 17  | AK , CA , CO , MD , MA , MI , NH , OH , OI  | (, OR,  | , SC , W. | Α             |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |         |           |               |
| 19  | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.                     |         |           |               |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:  >JULIA SHANAHAN 615 WEST 131ST STREET MC 8741 New York, NY 10027 (212) 851-7348  |         |           |               |
|     |   |         |           | . (2045)      |

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

TURNER CONSTRUCTION CO,

20 THEODORE CONRAD DRIVE JERSEY CITY, NJ 07305 HUDSON HEART MANAGEMENT LLC,

26 Indian Rock SUFFERN, NY 10901 IDEAL INTERIORS GROUP LLC,

450 7TH AVE NEW YORK, NY 10123 INGRAM LLP,

250 Park Avenue NEW YORK, NY 10177

375 HUDSON STREET 6TH FLOOR NEW YORK, NY 10014

SYSCO FOOD SERVICES OF METRO NEW YO,

compensation from the organization ▶ 414

Part VII

175,326,582

9,368,695

8,056,206

4,601,888

4,237,486

Form 990 (2019)

|       | <b>(A)</b><br>Name and title   | Name and title  Average hours per week (list any hours  Average hours per week (list any hours  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours do not check more compensation compensation from the organization organizations |                                   |                       |          | ,            | Estima<br>amount o<br>compens<br>from t | ited<br>f other<br>sation<br>the |                     |   |             |         |                                  |           |
|-------|--|---|-----------------------------------|-----------------------|----------|--------------|---|----------------------------------|---------------------|---|-------------|---------|----------------------------------|-----------|
|       |  | for related<br>organizations<br>below dotted<br>line)   | Individual trustee<br>or director | Institutional Trustee | Officer  | Key employee | Highest compensated employee            | Former                           |                     | (W-2/1099-<br>MISC) (W-2/1099-<br>MISC) |             |         | organizati<br>relati<br>organiza | ed        |
| See / | Additional Data Table  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
|       |  |   |                                   |                       |          |              |   |                                  |                     |   |             |         |                                  |           |
| 1h S  | Sub-Total  |   |                                   | <u> </u>              | <u> </u> |              | <u> </u><br>▶                           |                                  |                     |   |             | $\perp$ |                                  |           |
| сТ    | Total from continuation sheets to Pa   | •   |                                   |                       |          |              | •                                       |                                  | 27.                 | 700.067                                 |             |         |                                  | 2.652.647 |
| 2     | Total (add lines 1b and 1c)  Total number of individuals (including  | but not limited   |                                   |                       |          | bove         | e) who                                  | rece                             | <u> </u>            | 700,967<br>re than \$1                  |             | 0       |                                  | 3,652,617 |
|       | of reportable compensation from the  | organization 🕨  | 6,604                             |                       |          |              |   |                                  |                     |   |             |         | <del> </del>                     |           |
| 3     | Did the organization list any <b>former</b> of   | ,   |                                   |                       | •        |              |   | or hi                            | ghest cor           | npensated                               | employee on |         | Yes                              | No        |
| _     | line 1a? If "Yes," complete Schedule J   |   |                                   |                       |          |              |   | •<br>•+b = ·-                    |                     |   | • •         | 3       | Yes                              |           |
| *     | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |   |                                   |                       |          | 4            | Yes                                     |                                  |                     |   |             |         |                                  |           |
| 5     | Did any person listed on line 1a receive services rendered to the organization   |   |                                   |                       |          |              |   |                                  |                     |   |             | 5       |                                  | No        |
| Se    | ection B. Independent Contract   | ors   |                                   |                       |          |              |   |                                  |                     |   |             |         | •                                | _         |
| 1     | Complete this table for your five higher from the organization. Report comper  |   |                                   |                       |          |              |   |                                  |                     |   |             | mpen:   | sation                           |           |
|       | (A) Name and business address Description of services  |   |                                   |                       |          |              |   |                                  | (C)<br>Compensation |   |             |         |                                  |           |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)

(D)

CONSTRUCTION SRVCS

FOOD SERVICES

LEGAL SRVCS

MEDICAL SERVICES

CONSTRUCTION SRVCS

| Form 9                                |      | (2019) Statement  | of I   | Povonuo                               |            |                         |                        |   |  | Page <b>9</b>                                |
|---------------------------------------|------|---|--------|---------------------------------------|------------|-------------------------|------------------------|---|--|--|
| Pan                                   | VIII |   |        |                                       | a respo    | onse or note to any     | line in this Part VIII |   |  | 🗹  |
|                                       |      |   |        |                                       | ·          |                         | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections |
| 4                                     | 1:   | a Federated campa   | igns   | S                                     | <b>1</b> a |                         |                        | revenue                                 |  | 512 - 514                                    |
| ants                                  |      | <b>b</b> Membership dues  | 5.     |                                       | <b>1</b> b |                         |                        |   |  |  |
| , Gr.                                 |      | <b>c</b> Fundraising even   | ts .   |                                       | 1c         | 4,470,803               |                        |   |  |  |
| Giffs, Grants<br>ilar Amounts         |      | <b>d</b> Related organizat  |        |                                       | 1d         |                         |                        |   |  |  |
| ons, Gifts, Grants<br>Similar Amounts |      | <ul><li>e Government grants</li><li>f All other contributio</li></ul> |        | -                                     | 1e         | 1,018,877,068           |                        |   |  |  |
| Contributions,<br>and Other Sim       |      | and similar amounts<br>above<br>q Noncash contributio                 | s not  | : included                            | 1f         | 772,237,657             |                        |   |  |  |
| ntri<br>2 O                           |      | lines 1a - 1f:\$  | 115 11 | iciauea iii                           | <b>1</b> g | 32,541,641              |                        |   |  |  |
| Cont                                  |      | <b>h Total.</b> Add lines :   | 1a-1   | .f                                    |            | >                       | 1,795,585,528          |   |  |  |
|                                       |      |   |        |                                       |            | Business Code           |                        |   |  |  |
| ø.                                    | 2a   | TUITION & FEES  |        |                                       |            | 611600                  | 1,731,212,091          | 1,731,212,091                           |  |  |
| Program Service Revenue               | b    | OTHER EDUCATION 8   | k RES  | SEARCH                                |            | 541700                  | 189,370,302            | 189,370,302                             |  |  |
| ce R                                  | c    | PATIENT CARE REVEN  | NUE    |                                       |            | 621110                  | 1,297,261,020          | 1,297,261,020                           |  |  |
| Servi                                 | d    | AUXILIARY ENTERPRI  | ISES   |                                       |            | 900099                  | 164,961,741            | 161,697,179                             | 3,264,562                                      |  |
| ogran                                 | e    | OTHER SOURCES   |        |                                       |            | 900099                  | 1,850,473              | 1,850,473                               |  |  |
| ₫.                                    | f    | All other program   | serv   | /ice revenue                          |            |                         | 424,578                | 424,578                                 |  |  |
|                                       |      | Total. Add lines 2  |        |                                       |            | 3,385,080,205           |                        |   |  |  |
|                                       | 3    | Investment income   | (inc   | cluding divid                         | ends, i    | nterest, and other      | 52,664,633             | 1                                       |  | 52,664,631                                   |
|                                       |      | similar amounts).<br>Income from invest                               |        | • • • • • • • • • • • • • • • • • • • |            | ond proceeds            |                        |   |  | 1  |
|                                       | 5    | Royalties   |        |                                       |            | •                       | 29,817,170             | D                                       |  | 29,817,170                                   |
|                                       |      |   |        | (i) Re                                | al         | (ii) Personal           |                        |   |  |  |
|                                       | 6a   | Gross rents   | 6a     | 179,                                  | 647,422    | 2                       |                        |   |  |  |
|                                       | b    | Less: rental<br>expenses  | 6b     | 150,                                  | 525,502    | 2                       |                        |   |  |  |
|                                       | С    | Rental income   | _      |                                       |            |                         |                        |   |  |  |
|                                       | ١,   | or (loss)<br>Net rental income  | 6c     | <u> </u>                              | 121,920    |                         | 0<br>  29,121,920      |   |  | 29,121,920                                   |
|                                       |      |   |        | (i) Secur                             |            | (ii) Other              |                        |   |  |  |
|                                       | 7a   | Gross amount<br>from sales of<br>assets other                         | 7a     | 2,476,                                | 960,996    | 5                       |                        |   |  |  |
|                                       | b    | than inventory  Less: cost or other basis and sales expenses          | 7b     | 1,895,                                | 072,637    | 7                       |                        |   |  |  |
|                                       | С    | Gain or (loss)  | 7c     | 581,                                  | 888,359    | )                       |                        |   |  |  |
|                                       | (    | d Net gain or (loss)  | •      |                                       |            |                         | 581,888,359            | 9                                       |  | 581,888,359                                  |
| Other Revenue                         | 8a   | Gross income from fu<br>(not including \$<br>contributions reported   | d on   | 1,470,803 of<br>line 1c).             |            |                         |                        |   |  |  |
| Sev.                                  | ١.   | See Part IV, line 18  |        |                                       | 8a<br>8b   | 1,367,231<br>779,971    |                        |   |  |  |
| erl                                   |      | Less: direct expen<br>Net income or (los                              |        |                                       |            |                         |                        |   |  | 587,260                                      |
| Oth<br>O                              |      |   |        |                                       |            |                         |                        |   |  |  |
|                                       | 9a   | Gross income from See <b>Part</b> IV, line 19                         |        |                                       | 9a         | 0                       |                        |   |  |  |
|                                       | ŀ    | Less: direct expen  | ses    |                                       | 9b         | 0                       |                        |   |  |  |
|                                       | ١ ،  | Net income or (los  | s) fi  | rom gaming                            | activit    | ies \blacktriangleright | 7                      | D .                                     |  |  |
|                                       | 10   | aGross sales of inve  |        |                                       |            |                         |                        |   |  |  |
|                                       | ١.   | returns and allowa  |        |                                       | 10a        | 0                       |                        |   |  |  |
|                                       |      | Less: cost of good  |        |                                       | 10b        | _                       |                        |   |  |  |
|                                       | Ė    | Net income or (los<br>Miscellaneo                                     |        |                                       | invent     | Business Code           |                        |   |  |  |
|                                       | 11   | LaPARTNERSHIP IN  | COM    | 1E                                    |            | 90009                   | 68,650,809             | Ð                                       | -75,040,176                                    | 143,690,985                                  |
|                                       | l t  | ,   |        |                                       |            |                         |                        |   |  |  |
|                                       |      |   |        |                                       |            |                         |                        |   |  |  |
|                                       |      | All C   |        |                                       |            |                         |                        |   |  |  |
|                                       |      | All other revenue  Total. Add lines 1                                 | -      |                                       |            | ▶                       |                        |   |  |  |
|                                       |      | 2 Total revenue. S  |        |                                       | • •        |                         | 68,650,809             | 9                                       |  |  |
|                                       |      | - rotarrevenue, S   | ce II  | กอน นะเเอกิร                          | • •        | • • • •                 | 5,943,395,882          | 3,381,815,643                           | -71,775,614                                    | 837,770,325<br>Form <b>990</b> (2019)        |

7b, 8b, 9b, and 10b of Part VIII.

7 Other salaries and wages .

**9** Other employee benefits . . . .

f Investment management fees . . . . .

12 Advertising and promotion . . . .

13 Office expenses . . .

15 Royalties .

**17** Travel .

**16** Occupancy . .

23 Insurance . .

a LIBRARY

14 Information technology .

**20** Interest . . . .

expenses on Schedule O.)

**b** DUES & SUBSCRIPTIONS

e All other expenses

c BANK AND CREDIT CARD FEES

d UNRELATED BUS INCOME TAX EXP

25 Total functional expenses. Add lines 1 through 24e

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

e Professional fundraising services. See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

19 Conferences, conventions, and meetings .

21 Payments to affiliates . . . . .

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

. . . . .

**10** Payroll taxes . . . . . . .

11 Fees for services (non-employees):

a Management . . . . . **b** Legal . . . . . .

Do not include amounts reported on lines 6b,

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . . 2 Grants and other assistance to domestic individuals. See

3 Grants and other assistance to foreign organizations, foreign

**4** Benefits paid to or for members . . . . . . . Compensation of current officers, directors, trustees, and

governments, and foreign individuals. See Part IV, lines 15 

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . . .

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . .

| Form 990 ( | orm 990 (2019) P   |   |  |  |  |  |  |  |
|------------|--|---|--|--|--|--|--|--|
| Part IX    | Part IX Statement of Functional Expenses   |   |  |  |  |  |  |  |
|            | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |   |  |  |  |  |  |  |
|            | Charly if Schadula O contains a response or note to any line in this Bort IV   | J |  |  |  |  |  |  |

| JJ0 (2 | 2015)  | raye |
|--------|--|------|
| t IX   | Statement of Functional Expenses   |      |
|        | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |      |
|        | Check if Schedule O contains a response or note to any line in this Part IX  | . 🛭  |

(A)

Total expenses

120,798,688

623,991,106

28,528,048

15,476,871

2,718,964,643

200,702,823

284,626,311

145,112,062

32,174,693

2,259,779

1,598,925

10,922,247

255,768,615

13,178,070

237,582,203

36,736,489

217,929,057

60,113,111

53,288,805

52,815,610

291,736,122

54,762,624

30,588,876

9,428,185

6,740,166

158,792

26,484,296

5,533,207,364

n

0

0

579,500

0

160,647

n

(B)

Program service

expenses

120,798,688

623,991,106

28,528,048

2,551,818

134,712

2,501,798,661

176,961,256

186,462,047

133,521,840

227,146,908

11,724,779

222,018,879

21,085,722

203,178,075

55,556,219

47,381,482

48,680,148

268,893,183

45,732,204

30,588,876

7,614,216

5,580,717

21,834,255

4,991,763,839

(C)

Management and

general expenses

12,925,053

149,801,303

18,976,620

77,161,111

7,994,946

32,174,693

2,259,779

10,922,247

22,050,252

10,747,117

13,902,338

12,227,296

3,315,825

2,594,720

3,464,704

19,137,890

9,030,420

1,558,583

1,148,491

158,792

3,932,608

416,325,208

234,985

579,500

25,935

(D)

Fundraising

expenses

67,364,679

4,764,947

21,003,153

3,595,276

1,598,925

6,571,455

1,218,306

4,816,207

1,748,429

2,523,686

1,241,067

3,312,603

3,705,049

255,386

10,958

717,433

125,118,317

Form 990 (2019)

670,758

| rm 990 (2 | 2019)                            | Page 10 |
|-----------|----------------------------------|---------|
| Part IX   | Statement of Functional Expenses |         |

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

Page 11

433,664,788

2,758,137

99.172.284

2.222.053

58,638,790

5,828,814,177

1,111,497,093 10,139,709,411

553,444,164

438,549,386

341,209,996

555,562,142

1,384,228,894

4.697.474.752

7,261,312,273

8,997,903,319

16,259,215,592

20,956,690,344

Form 990 (2019)

1,977,924,334

20,956,690,344

0

0

| Check if Schedule O | contains a | response | or note t | o any | line in | this Part IX |  |
|---------------------|------------|----------|-----------|-------|---------|--------------|--|
|                     |            |          |           |       |         |              |  |

Inventories for sale or use . . Prepaid expenses and deferred charges .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

| 1 | Cash-non-interest-bearing              | 0             | 1 | 0             |
|---|--|---------------|---|---------------|
| 2 | Savings and temporary cash investments | 1,439,002,269 | 2 | 2,028,898,405 |
| 3 | Pledges and grants receivable, net     | 759.187.382   | 3 | 697.871.042   |

2 3 434.507.955 Accounts receivable, net . . . . Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

10a

10b

10,006,442,724

4,177,628,547

Beginning of year

2,731,294

107.406.924

3.215.148

57,097,743

5,602,061,848

1,260,123,887

9.669.384.697

589,470,314

366,330,119

288,297,491

187,990,854

1,285,077,407

3.939.904.906

7,294,881,634

8,689,402,921

15,984,284,555

19,924,189,461

1.812.209.035

19,924,189,461

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c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes

3b

Yes Form 990 (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

Form 990, Part III, Line 4a:

Form 990 (2019)

APPROXIMATELY 18.430 FULL-TIME EMPLOYEES, INCLUDING 6,662 FULL-TIME FACULTY MEMBERS AND RESEARCH STAFF.

THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK IS A PRIVATE. NONSECTARIAN. NONPROFIT INSTITUTION OF HIGHER EDUCATION WHOSE ACTIVITIES ARE CONCENTRATED AT TWO LOCATIONS IN NEW YORK CITY AND EXTEND ACROSS THE GLOBE. THE UNIVERSITY PROVIDES INSTRUCTION THROUGH SIXTEEN UNDERGRADUATE, GRADUATE, AND PROFESSIONAL SCHOOLS. IT OPERATES A VARIETY OF RESEARCH INSTITUTES AND A LIBRARY SYSTEM TO SUPPORT ITS TEACHING, LEARNING, AND RESEARCH ACTIVITIES. THE UNIVERSITY ENROLLS APPROXIMATELY 33.413 FULL-TIME AND PART-TIME STUDENTS AND EMPLOYS

IN THE CITY OF NEW YORK

#### Form 990, Part III, Line 4b: THE UNIVERSITY. THROUGH THE COLUMBIA UNIVERSITY IRVING MEDICAL CENTER AND ITS MEDICAL FACULTY PRACTICE PLAN, PROVIDES DIRECT PATIENT CARE AND OTHER CLINICAL AND EDUCATIONAL SERVICES TO HOSPITALS AND OTHER HEALTH CARE INSTITUTIONS THROUGH CONTRACTUAL AGREEMENTS FOR SERVICES. THE CLINICAL FACULTY HANDLED APPROXIMATELY 2 MILLION OUTPATIENT AND EMERGENCY ROOM VISITS AND PARTICIPATED IN INSTRUCTION AND SUPERVISION OF 597

UNIVERSITY MEDICAL STUDENTS AND 955 RESIDENTS AND FELLOWS AT NEW YORK PRESBYTERIAN HOSPITAL.

Form 990, Part III, Line 4c: THE UNIVERSITY PERFORMS RESEARCH, TRAINING, AND OTHER SERVICES UNDER GRANTS AND CONTRACTS WITH AGENCIES OF THE FEDERAL GOVERNMENT AND OTHER

SPONSORING ORGANIZATIONS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$ including grants of \$ (Revenue \$ 305,676,065

CAMPUS OPERATIONS

(Code: ) (Expenses \$ including grants of \$ (Revenue \$ 287,175,509

INSTITUTIONAL SUPPORT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

| section 501(c)(3) and (4) organizations and 4547(a)(1) trusts are required to report the amount of grants and anocations to |   |
|---|---|
| others, the total expenses, and revenue, if any, for each program service reported.   |   |
| reners, the total expenses, and revenue, if any, for each program service reported.   |   |
|   |   |
|   |   |
|   | _ |

Section E01(a)(2) and (4) organizations and 4047(a)(1) trusts are required to report the amount of grants and allocations to

| (Code:                | ) (Expenses \$ | 161,312,976 | including grants of \$ | ) (Revenue \$ | 164,961,741 ) |
|-----------------------|----------------|-------------|------------------------|---------------|---------------|
| AUXILIARY ENTERPRISES | 5              |             |                        |               |               |

(Code: ) (Expenses \$ including grants of \$ 333,874,404 2,275,051

6,754,196 ) (Revenue \$

OTHER SOURCES

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

|   | any hours   | and                               | a dir                 | ecto    | or/tr        | ustee)              | )      | organization         | organizations        | from the                                     |
|---|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| LAWRENCE GERALD LENKE PROFESSOR OF SURGERY  | 60.0  |                                   |                       |         |              | х                   |        | 6,854,636            | 0                    | 59,971                                       |
| PETER HOLLAND CEO & EXEC VP OF INV MGMT     | 60.0  |                                   |                       |         | х            |                     |        | 3,790,013            | 0                    | 1,669,979                                    |
| DAVID N SILVERS CLINICAL PROFESSOR          | 60.0  |                                   |                       |         |              | Х                   |        | 4,370,686            | 0                    | 58,555                                       |
| KIEHYUN DANIEL RIEW<br>PROFESSOR OF SURGERY | 60.0  |                                   |                       |         |              | Х                   |        | 4,163,116            | 0                    | 78,280                                       |
| LEE GOLDMAN EXEC VP FOR HEALTH SCIENCES     | 60.0  |                                   |                       |         | х            |                     |        | 3,624,012            | 0                    | 519,072                                      |

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3,484,664

2,858,930

2,254,198

866,738

848,000

64,380

60,027

502,304

51,183

49,080

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| PROFESSOR OF SURGERY        |
|-----------------------------|
| LEE GOLDMAN                 |
| EXEC VP FOR HEALTH SCIENCES |
|                             |

RONALD ARTHUR LEHMAN JR

......

SENIOR EXEC VICE PRESIDENT

PROFESSOR OF SURGERY

PROFESSOR OF SURGERY

CRAIG R SMITH

LEE C BOLLINGER

GERALD M ROSBERG

JOHN COATSWORTH

PROVOST (FORMER)

PRESIDENT

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from the from related any hours and a director/trustee) organization organizations from the

|   | and a director/traste                                 |                                   |                       | usice) | '            | Organización                 | (IV 2/4 200 | i i i i i i i i i i i i i i i i i i i |                      |  |  |
|---|---|-----------------------------------|-----------------------|--------|--------------|------------------------------|-------------|---------------------------------------|----------------------|--|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustée |        | Key employee | Highest compensated employee | Former      | (W- 2/1099-<br>MISC)                  | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| ANNE R SULLIVAN EXECUTIVE VP FOR FINANCE & IT | 59.8  |                                   |                       | х      |              |                              |             | 826,365                               | 0                    | 45,936                                       |  |
| JANE E BOOTH GENERAL COUNSEL                  | 60.0  |                                   |                       | х      |              |                              |             | 798,511                               | 0                    | 53,072                                       |  |
| DAVID MADIGAN EXEC VP-A&S (FORMER)            | 59.9  |                                   |                       |        |              |                              | х           | 586,715                               | 0                    | 246,311                                      |  |
| AMELIA ALVERSON                               | 60.0  |                                   |                       |        | Х            |                              |             | 785,128                               | 0                    | 42,385                                       |  |

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584,977

545,575

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63,080

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56,266

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| GENERAL COUNSEL               |  |
|-------------------------------|--|
| DAVID MADIGAN                 |  |
| EXEC VP-A&S (FORMER)          |  |
| AMELIA ALVERSON               |  |
| EXEC VP - UNIV DVLP&ALUM RLTS |  |
|                               |  |

IRA KATZNELSON

DAVID GREENBERG

EXEC VP FACILITIES

ROLANDO T ACOSTA

ARMEN A AVANESSIANS

ANDREW BARTH

TRUSTEE (THROUGH 9/2/19)

JEROME DAVIS

....... SECRETARY

TRUSTEE

TRUSTEE

INTERIM PROVOST (AS OF 9/1/19)

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

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NOAM GOTTESMAN

DAVID GREENWALD

JAMES HARDEN

JOSEPH A GREENAWAY JR

WANDA HOLLAND GREENE

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|                            | any hours   | and                               | a dir                 | ecto |              | ustee)                       | )      | organization         | organizations        | from the                                     |
|----------------------------|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                            | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | 1 () | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| A'LELIA BUNDLES<br>TRUSTEE | 4.0   | Х                                 |                       |      |              |                              |        | 0                    | 0                    | 0  |
| LISA CARNOY<br>TRUSTEE     | 4.0   | Х                                 |                       |      |              |                              |        | 0                    | 0                    | 0  |
| DEAN DAKOLIAS              | 4.0   | >                                 |                       |      |              |                              |        | 0                    | 0                    | 0  |

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| LISA CARNOY             | 4.0 | v |  |  | _ |  |
|-------------------------|-----|---|--|--|---|--|
| TRUSTEE                 | 0.0 | ^ |  |  |   |  |
| DEAN DAKOLIAS           | 4.0 | V |  |  | 0 |  |
| TRUSTEE (AS OF 10/5/19) | 0.0 | ^ |  |  | 0 |  |
| ABIGAIL ELBAUM          | 4.0 | v |  |  |   |  |
| TRUSTEE                 | 0.0 | ^ |  |  | 0 |  |
| MARK GALLOGLY           | 4.0 |   |  |  |   |  |

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|                       | any hours   |                                   |                       |              | ustee)                       |        | organization         | organizations        | from the                                     |
|-----------------------|---|-----------------------------------|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|
|                       | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| MARC HOLLIDAY TRUSTEE | 4.0   | Х                                 |                       |              |                              |        | 0                    | 0                    | 0  |
| JONATHAN LAVINE       | 4.0   |                                   |                       |              |                              |        | 0                    | 0                    | 0  |
| TRUSTEE               | 0.0<br>4.0  |                                   |                       |              |                              |        |                      |                      |  |

| TRUSTEE         | 0.0 |   |  |  |      |  |
|-----------------|-----|---|--|--|------|--|
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| LU LI           | 4.0 | _ |  |  | 0    |  |
| TRUSTEE         | 0.0 | ^ |  |  | 0    |  |
| PAUL J MADDON   | 4.0 | _ |  |  |      |  |
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| /ICTOR MENDELSON | 4.0 |   |   |  | П |

and Independent Contractors

VICTOR MENDELSON

ALEXANDER NAVAB

JULISSA REYNOSO

CLAIRE SHIPMAN

KATHY SURACE-SMITH

TRUSTEE (THROUGH 7/7/2019)

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TRUSTEE

TRUSTEE

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**TRUSTEE** 

TRUSTEE

JULIE MENIN

and Independent Contractors

(A)

Name and Title

Average hours per than one box, unless than one box, unless compensation compensation compensation compensation amount of other than one box.

|                          | week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line) |       |         | recto |    | office Highest com | from the<br>organization<br>(W- 2/1099-<br>MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
|--------------------------|--|-------|---------|-------|----|--------------------|--|---|--|
|                          |  | Jstee | Trustee |       | ĐĐ | pensated           |  |   |  |
| JONATHAN ROSAND          | 4.0  | х     |         |       |    |                    | 0  | 0   |  |
| TRUSTEE (AS OF 9/3/2019) |  |       |         |       |    |                    | ĺ  |   |  |

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FERMI WANG

TRUSTEE (AS OF 9/3/2019)

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493 |          |                              | nt - DO NOT PROCESS  | 3493137006391  |  |                                     |   |                              |
|---|----------|------------------------------|--|--|--|-------------------------------------|---|------------------------------|
| SCI   | HED      | ULE A                        | Public   | Charity Statu  | e and Dul  | hlic Sunn                           | ort   | OMB No. 1545-0047            |
|   | m 990    |                              | Complete if the  | organization is a sect<br>4947(a)(1) nonexe<br>▶ Attach to Form                            | ion 501(c)(3) e<br>empt charitable<br>990 or Form 99   | organization or<br>trust.<br>00-EZ. | r a section                                     | 2019                         |
|   |          | the Treasury                 | ► Go to <u>www.i</u>   | <u>rs.gov/Form990</u> for i  | nstructions and  | I the latest info                   | ormation.                                       | Open to Public<br>Inspection |
| Nam   | e of th  | he organiza                  | tion<br>A UNIVERSITY   |  |  |                                     | Employer identific                              | ation number                 |
| IN THE  | CITY     | OF NEW YORK                  |  |  |  |                                     | 13-5598093                                      |                              |
|   | rganiz   |                              | for Public Charity Sta<br>private foundation becaus  |  |  |                                     | See instructions.                               |                              |
| 1   |          |                              | onvention of churches, or a  | •  | ·  | ,                                   | (A)(i).   |                              |
| 2   | <b>□</b> | ·                            | scribed in section 170(b)  |  |  |                                     |   |                              |
| 3   |          |                              | or a cooperative hospital se   |  | ,  | , ,                                 |   |                              |
| 4   |          | ·                            | esearch organization opera   | _  |  |                                     | •   | nter the hospital's          |
| •   | Ш        | name, city,                  |  | ited in conjunction with   | a nospital descri  | ibed iii <b>sectioii</b> .          | 170(D)(1)(A)(III). L                            | inter the hospital's         |
| 5   |          |                              | ation operated for the bene<br>( <b>iv).</b> (Complete Part II.)   | fit of a college or unive  | rsity owned or op  | perated by a gov                    | ernmental unit descri                           | bed in <b>section 170</b>    |
| 6   |          | A federal, s                 | tate, or local government  | or governmental unit de  | scribed in <b>sectio</b>   | on 170(b)(1)(A                      | \)(v).  |                              |
| 7   |          |                              | ition that normally received $\mathbf{0(b)(1)(A)(vi)}$ . (Comple   |  | s support from a   | governmental u                      | ınit or from the gener                          | al public described in       |
| 8   |          |                              | ty trust described in <b>section</b>   | •  | (Complete Part I   | I.)                                 |   |                              |
| 9   |          |                              | ural research organization are are college of agriculture.   |  |  |                                     |   | ege or university or a       |
| 10  |          | from activit<br>investment   | ition that normally received<br>ies related to its exempt full<br>income and unrelated bus<br>see section 509(a)(2).   | inctions—subject to cer<br>iness taxable income (le  | tain exceptions,   | and (2) no more                     | than 331/3% of its su                           | upport from gross            |
| 11  |          | An organiza                  | ition organized and operat   | ed exclusively to test fo  | r public safety. S   | See <b>section 509</b>              | (a)(4).   |                              |
| 12  |          | more public                  | ition organized and operatily<br>supported organizations<br>through 12d that describe  | described in section 5   | 09(a)(1) or se   | ction 509(a)(2                      | ). See section 509(a                            |                              |
| a   |          | <b>Type I.</b> A so          | upporting organization open(s) the power to regularly  | erated, supervised, or co<br>appoint or elect a majo                                       | ontrolled by its s   | upported organi                     | zation(s), typically by                         |                              |
| b   |          | Type II. A<br>manageme       | supporting organization sunt of the supporting organical | pervised or controlled i<br>zation vested in the sar                                       |  |                                     |   |                              |
| С   |          | Type III f                   | inctionally integrated. A  | supporting organizatio   |  |                                     |   | ited with, its               |
| d   |          | Type III n                   | organization(s) (see instructionally integrat<br>integrated. The organizati<br>). You must complete Pa   | <b>ed.</b> A supporting organion generally must satis                                      | ization operated<br>fy a distribution  | in connection wi                    | th its supported organ                          |                              |
| e   |          | Check this                   | oox if the organization rece<br>or Type III non-functional   | eived a written determir   | nation from the I  |                                     | pe I, Type II, Type II                          | I functionally               |
| f   | Enter    |                              | of supported organizations   |  | -  |                                     |   |                              |
| g   | Provi    | de the follow                | ing information about the  | supported organization(  | s).  |                                     |   |                              |
|   | (i) N    | Name of supp<br>organizatior |  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) | (iv) Is the organization listed in your governing document? (see instructions) (vi) Amount of monetary support (see instructions) instructions |                                     | (vi) Amount of other support (see instructions) |                              |
|   |          |                              |  |  | Yes  | No                                  |   |                              |
|   |          |                              |  |  |  |                                     |   |                              |
|   |          |                              |  |  |  |                                     |   |                              |
| Tota  |          | 5                            | tion Act Notice, see the   |  | Cat. No. 11285   |                                     | <br>  | 90 or 990-EZ) 2019           |

|    | Section A. Public Support  |               |                 |               |               |                 |              |
|----|--|---------------|-----------------|---------------|---------------|-----------------|--------------|
|    | Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2015      | <b>(b)</b> 2016 | (c) 2017      | (d) 2018      | <b>(e)</b> 2019 | (f) Total    |
| L  | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grant.")  | 1,357,673,833 | 1,835,150,690   | 1,909,794,420 | 1,626,034,525 | 1,795,585,528   | 8,524,238,99 |
| 2  | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |               |                 |               |               |                 |              |
| \$ | The value of services or facilities furnished by a governmental unit to the organization without charge.   |               |                 |               |               |                 |              |
| ı  | Total. Add lines 1 through 3   | 1,357,673,833 | 1,835,150,690   | 1,909,794,420 | 1,626,034,525 | 1,795,585,528   | 8,524,238,99 |
| 5  | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |               |                 |               |               |                 | 185,591,17   |

Public support. Subtract line 5

from line 4. Calendar year

8,338,647,817 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1.357,673,833 1,835,150,690 1,909,794,420 1.626.034.525 1,795,585,528 Amounts from line 4. . Gross income from interest, dividends, payments received on

Section B. Total Support (or fiscal year beginning in) ▶ securities loans, rents, royalties 274,595,453 257,219,758 262,611,265 295,302,324 262,129,223 and income from similar sources

8,524,238,996 1,351,858,023 Net income from unrelated business activities, whether or not

81,993,242

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

77,186,230

108,427,118

143,690,985

12

14

15

555,577,507

79.936 %

78.520 %

10,431,674,526

15,756,894,956

144,279,932

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Section C. Computation of Public Support Percentage

the business is regularly carried Other income. Do not include gain

or loss from the sale of capital

assets (Explain in Part VI.). . Total support. Add lines 7

10

11

through 10

| Р         | art III Support Schedule for  |                    |                       |                       |                      |                      |                     |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
|           | (Complete only if you cl  |                    |                       |                       |                      |                      | er Part II. If      |
| S         | the organization fails to ection A. Public Support                            | quality under      | the tests listed i    | pelow, please co      | ompiete Part II.)    |                      |                     |
| 30        | Calendar year   | ( ) 2015           | (1) 2016              | ( ) 2247              | (1) 2010             | ( ) 2010             | (O.T.)              |
|           | (or fiscal year beginning in) ▶   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 1         | Gifts, grants, contributions, and   |                    |                       |                       |                      |                      |                     |
|           | membership fees received. (Do not include any "unusual grants.").             |                    |                       |                       |                      |                      |                     |
| 2         | Gross receipts from admissions,   |                    |                       |                       |                      |                      |                     |
|           | merchandise sold or services  |                    |                       |                       |                      |                      |                     |
|           | performed, or facilities furnished in any activity that is related to the     |                    |                       |                       |                      |                      |                     |
|           | organization's tax-exempt purpose   |                    |                       |                       |                      |                      |                     |
| 3         | Gross receipts from activities that are                                       |                    |                       |                       |                      |                      |                     |
|           | not an unrelated trade or business  |                    |                       |                       |                      |                      |                     |
| 4         | under section 513  Tax revenues levied for the                                |                    |                       |                       |                      |                      |                     |
| •         | organization's benefit and either paid  |                    |                       |                       |                      |                      |                     |
| _         | to or expended on its behalf  |                    |                       |                       |                      |                      |                     |
| 5         | The value of services or facilities furnished by a governmental unit to       |                    |                       |                       |                      |                      |                     |
|           | the organization without charge   |                    |                       |                       |                      |                      |                     |
| 6         | Total. Add lines 1 through 5  |                    |                       |                       |                      |                      |                     |
| 7a        | Amounts included on lines 1, 2, and   |                    |                       |                       |                      |                      |                     |
| <b>L</b>  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3     |                    |                       |                       |                      |                      |                     |
| D         | received from other than disqualified   |                    |                       |                       |                      |                      |                     |
|           | persons that exceed the greater of  |                    |                       |                       |                      |                      |                     |
|           | \$5,000 or 1% of the amount on line 13 for the year.                          |                    |                       |                       |                      |                      |                     |
| c         | Add lines 7a and 7b   |                    |                       |                       |                      |                      |                     |
| 8         | Public support. (Subtract line 7c   |                    |                       |                       |                      |                      |                     |
|           | from line 6.)   |                    |                       |                       |                      |                      |                     |
| Se        | ection B. Total Support   |                    | 1                     | <del></del>           |                      |                      | Г                   |
|           | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 9         | Amounts from line 6   |                    |                       |                       |                      |                      |                     |
| 10a       | Gross income from interest,   |                    |                       |                       |                      |                      |                     |
|           | dividends, payments received on   |                    |                       |                       |                      |                      |                     |
|           | securities loans, rents, royalties and income from similar sources.           |                    |                       |                       |                      |                      |                     |
| b         | Unrelated business taxable income   |                    |                       |                       |                      |                      |                     |
|           | (less section 511 taxes) from   |                    |                       |                       |                      |                      |                     |
|           | businesses acquired after June 30, 1975.                                      |                    |                       |                       |                      |                      |                     |
| С         | Add lines 10a and 10b.  |                    |                       |                       |                      |                      |                     |
| 11        | Net income from unrelated business  |                    |                       |                       |                      |                      |                     |
|           | activities not included in line 10b,  |                    |                       |                       |                      |                      |                     |
|           | whether or not the business is regularly carried on.                          |                    |                       |                       |                      |                      |                     |
| 12        | Other income. Do not include gain or  |                    |                       |                       |                      |                      |                     |
|           | loss from the sale of capital assets  |                    |                       |                       |                      |                      |                     |
| 12        | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,                |                    |                       |                       |                      |                      |                     |
| 13        | 11, and 12.).   |                    |                       |                       |                      |                      |                     |
| 14        | First five years. If the Form 990 is for                                      | the organization   | n's first, second, th | nird, fourth, or fift | h tax year as a sec  | tion 501(c)(3) o     | ganization <u>,</u> |
|           | check this box and <b>stop here</b>   |                    |                       |                       |                      |                      | ▶ ⊔                 |
|           | ection C. Computation of Public S   |                    |                       | ! (6))                |                      | 1 1                  |                     |
| 15        | Public support percentage for 2019 (lin                                       |                    | •                     |                       |                      | 15                   |                     |
| 16        | Public support percentage from 2018 S   | -                  | <u> </u>              |                       |                      | 16                   |                     |
|           | ection D. Computation of Investr<br>Investment income percentage for 201      |                    |                       | line 13 column (f     | :))                  | 17                   |                     |
| 17<br>10  | Investment income percentage for 201  | -                  |                       | -                     |                      | 17                   |                     |
| 18<br>10- | 331/3% support tests—2019. If the   |                    | •                     |                       |                      | 18   33 1/3% and lin | e 17 is not         |
|           | more than 33 1/3%, check this box and s                                       |                    |                       |                       |                      |                      |                     |
|           | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2018. If the |                    |                       |                       |                      |                      |                     |
| ט         | not more than 33 1/3%, check this box   | -                  |                       |                       | •                    |                      | _                   |
| 20        | Private foundation. If the organization                                       | -                  | -                     |                       |                      |                      |                     |
|           | ritvate foundation. If the organization                                       | ni ulu not check a | a DOX ON UNE 14, I    | .a, or iad, check     | , unis pox and see I | HSGRUCGONS           | . 📂 📖               |

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, |   |
|---|---|---|
|   | describe the designation. If historic and continuing relationship, explain.   | 1 |

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

|    | edule A (101111 330 01 330 E2) 2013  |        |         | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued)   |        |         |       |
| _  |  |        | Yes     | No    |
|    | Has the organization accepted a gift or contribution from any of the following persons?  |        |         |       |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  |        |         |       |
|    |  | 11a    |         |       |
|    | A family member of a person described in (a) above?  | 11b    |         |       |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .  | 11c    |         |       |
| S  | ection B. Type I Supporting Organizations  |        |         |       |
|    |  |        | Yes     | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |       |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that   | -      |         |       |
| 2  | d the organization operate for the benefit of any supported organization other than the supported organization(s) that berated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit arried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  |        |         |       |
|    | organization.  | 2      |         |       |
| S  | ection C. Type II Supporting Organizations   |        |         |       |
| _  |  |        | Yes     | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |        |         |       |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   | 1      |         |       |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |         |       |
| S  | ection D. All Type III Supporting Organizations  |        | v       |       |
| _  |  |        | Yes     | No    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   |        |         |       |
|    | documents in effect on the date of notification, to the extent not previously provided?  | 1      |         |       |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |        |         |       |
| _  |  | 2      |         |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax  |        |         |       |
|    | year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |       |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations  |        |         |       |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ions): |         |       |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |
|    | b  |        |         |       |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |
| 2  | Activities Test. Answer (a) and (b) below.   | ſ      | Yes     | No    |
| •  | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a     |         |       |
| ı  | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's  |        |         |       |
|    | involvement.   | 2b     |         |       |
| 3  | Parent of Supported Organizations. Answer (a) and (b) below.   |        |         |       |
| •  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |         |       |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3h     |         |       |

3b

|    | ule A (Form 990 or 990-EZ) 2019  |            |                          | Pag                            |
|----|--|------------|--------------------------|--------------------------------|
| ar | Type III Non-Functionally Integrated 509(a)(3) Supporting O  | )rgani:    | zations                  |                                |
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.                                |            |                          |                                |
|    | Section A - Adjusted Net Income  |            | (A) Prior Year           | (B) Current Year<br>(optional) |
| 1  | Net short-term capital gain  | 1          |                          |                                |
| 2  | Recoveries of prior-year distributions   | 2          |                          |                                |
| 3  | Other gross income (see instructions)  | 3          |                          |                                |
| 4  | Add lines 1 through 3  | 4          |                          |                                |
| 5  | Depreciation and depletion   | 5          |                          |                                |
| 6  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6          |                          |                                |
| 7  | Other expenses (see instructions)  | 7          |                          |                                |
| 8  | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                          |                                |
|    | Section B - Minimum Asset Amount   |            | (A) Prior Year           | (B) Current Year<br>(optional) |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1          |                          |                                |
| а  | Average monthly value of securities  | 1a         |                          |                                |
| b  | Average monthly cash balances  | <b>1</b> b |                          |                                |
| С  | Fair market value of other non-exempt-use assets   | 1c         |                          |                                |
| d  | Total (add lines 1a, 1b, and 1c)   | 1d         |                          |                                |
| e  | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |            |                          |                                |
| 2  | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                          |                                |
| 3  | Subtract line 2 from line 1d   | 3          |                          |                                |
| 4  | Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).   | 4          |                          |                                |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                          |                                |
| 5  | Multiply line 5 by .035  | 6          |                          |                                |
| 7  | Recoveries of prior-year distributions   | 7          |                          |                                |
| 3  | Minimum Asset Amount (add line 7 to line 6)  | 8          |                          |                                |
|    | Section C - Distributable Amount   |            |                          | Current Year                   |
| 1  | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                          |                                |
| 2  | Enter 85% of line 1  | 2          |                          |                                |
| 3  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                          |                                |
| 4  | Enter greater of line 2 or line 3  | 4          |                          |                                |
| 5  | Income tax imposed in prior year   | 5          |                          |                                |
| 6  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                          |                                |
| 7  | Check here if the current year is the organization's first as a non-functionally-in instructions)  | ntegrate   | ed Type III supporting o | rganization (see               |

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |
| 4 | Amounts paid to acquire exempt-use assets   |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)   |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions   |  |
| 7 | Total annual distributions. Add lines 1 through 6.  |  |
|   |   |  |

| 7 Total annual distributions. Add lines 1 through 6.  |                             |  |   |
|---|-----------------------------|--|---|
| 8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions      | sive (provide               |  |   |
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). |                             |  |   |

| 8 Distributions to attentive supported organizations to wh<br>details in Part VI). See instructions                           | ich the organization is respon | sive (provide                          |   |
|---|--------------------------------|--|---|
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |                                |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                                |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions    | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                                |  |   |
| Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                                |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |                                |  |   |
| a From 2014   |                                |  |   |
| <b>b</b> From 2015  |                                |  |   |
| c From 2016   |                                | -                                      |   |

| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
|---|-----------------------------|--|---|
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions. |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |                             |  |   |
| a From 2014   |                             |  |   |
| <b>b</b> From 2015  |                             |  |   |
| c From 2016   |                             |  |   |
| <b>d</b> From 2017  |                             |  |   |
| e From 2018   |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |

**h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

| 5 Remaining underdistributions for years prior to<br>2019, if any. Subtract lines 3g and 4a from line 2.<br>If the amount is greater than zero, explain in Part VI.<br>See instructions. |  |  |
|--|--|--|
| 6 Remaining underdistributions for 2019. Subtract<br>lines 3h and 4b from line 1. If the amount is greater<br>than zero, explain in Part VI. See instructions.                           |  |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |  |  |
| 8 Breakdown of line 7:   |  |  |
| a Excess from 2015   |  |  |
| <b>b</b> Excess from 2016  |  |  |
| c Excess from 2017.  |  |  |

Schedule A (Form 990 or 990-EZ) (2019)

#### **Additional Data**

### Software ID: Software Version:

**EIN:** 13-5598093

Name: THE TRUST

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

|   | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). |
|---|---|
|   |   |
|   | Facts And Circumstances Test  |
| • |   |

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2019

Cat. No. 50084S

DLN: 93493137006391

| • 5<br>If the<br>• 5 | Section 527 organizations: Complete organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that | io1(c)(3)) organizations: Complete Parts<br>te Part I-A only.<br>In Form 990, Part IV, Line 4, or Form 9<br>It have filed Form 5768 (election under s<br>It have NOT filed Form 5768 (election ur<br>In Form 990, Part IV, Line 5 (Proxy Ta) | 90-EZ, Part VI, lir<br>ection 501(h)): Conder section 501(h | ne <b>47 (Lobbying Activities</b><br>Implete Part II-A. Do not co<br>I)): Complete Part II-B. Do r | mplete Part II-B.<br>not complete Part II-A.   |
|----------------------|--|--|---|--|--|
| (Prox                | ky Tax) (see separate instruction<br>Section 501(c)(4), (5), or (6) organiz  | s), then   | () (see separate i  | nstructions) of Form 990-  | -EZ, Part V, illie 350   |
| Nar<br>THE           | ne of the organization TRUSTEES OF COLUMBIA UNIVERSITY HE CITY OF NEW YORK   |  |   | <b>Employer iden</b><br>13-5598093   | tification number  |
| Par                  | t I-A Complete if the orga   | nization is exempt under sectio  | n 501(c) or is  |  | zation.  |
| 1 2                  | "political campaign activities")   | nization's direct and indirect political can   |   | ,  | or definition of   |
| 3                    |  | paign activities (see instructions)  |   |  |  |
| Par                  | LI-B Complete if the organ   | nization is exempt under sectio  | n 501(c)(3).  |  |  |
| 1                    | Enter the amount of any excise ta  | ax incurred by the organization under se   | ection 4955   | <b>&gt;</b>  | \$   |
| 2                    | •  | ax incurred by organization managers u   |   | <b>&gt;</b>  | \$   |
| 3                    | If the organization incurred a sect  | tion 4955 tax, did it file Form 4720 for t   | his year?   |  | ☐ Yes ☐ No   |
| 4a                   | Was a correction made?   |  |   |  | ☐ Yes ☐ No   |
| b                    | If "Yes," describe in Part IV.   |  |   |  |  |
| Par                  | t I-C Complete if the orga   | nization is exempt under sectio  | n 501(c), exce  | ept section 501(c)(3)  | •  |
| 1                    | Enter the amount directly expend   | ed by the filing organization for section  | 527 exempt funct  | cion activities 🕨  | \$   |
| 2                    |  | anization's funds contributed to other o   |   |  | \$   |
| 3                    | Total exempt function expenditure  | es. Add lines $f 1$ and $f 2$ . Enter here and or  | n Form 1120-POL,  | line 17b ▶   | \$   |
| 4                    | Did the filing organization file For   | m 1120-POL for this year?  |   |  | ☐ Yes ☐ No   |
| 5                    | organization made payments. For of political contributions received  | employer identification number (EIN) of<br>each organization listed, enter the amount<br>that were promptly and directly deliver<br>ee (PAC). If additional space is needed,   | ount paid from the<br>ed to a separate p                    | e filing organization's funds.<br>Political organization, such a                                   | ch the filing<br>. Also enter the amount   |
|                      | (a) Name   | (b) Address  | (c) EIN   | (d) Amount paid from<br>filing organization's<br>funds. If none, enter<br>-0                       | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| 1                    |  |  |   |  |  |
| 2                    |  |  |   |  |  |
| 3                    |  |  |   |  |  |
| 4                    |  |  |   |  |  |
| 5                    |  |  |   |  |  |
| 6                    |  |  |   |  |  |

| Pa          |   | ganization is exempt under section 501(c)(3) and has NOT fi<br>on under section 501(h)).   | led  |   |  |   |                               |
|-------------|---|--|--|---|--|---|-------------------------------|
| For e       | each "Yes" response on lines 1a throi   | ugh 1i below, provide in Part IV a detailed description of the lobbying  | (a)  |   | (b)  |   |                               |
| activ       |   |  | Yes  | No  | 1  | lmour   | nt                            |
| 1           |   | nization attempt to influence foreign, national, state or local legislation, public opinion on a legislative matter or referendum, through the use of:   |  |   |  |   |                               |
| а           | Volunteers?   |  |  | No  |  |   |                               |
| b           | ,   | compensation in expenses reported on lines 1c through 1i)?   | Yes  |   | 1  |   |                               |
| c           |   |  |  | No  | 1  |   |                               |
| d           |   | or the public?   |  | No  | _  |   |                               |
| e           | · ·   | cast statements?   | Vaa  | No  |  |   | 10.010                        |
| f<br>q      | •   | obbying purposes?  | Yes<br>Yes   |   | <del>                                     </del>   |   | 10,042<br>26,964              |
| h           |   | conventions, speeches, lectures, or any similar means?   | 163  | No  | +  | •   | 20,904                        |
| i           | ·   |  | Yes  |   | 1  | 5   | 79,500                        |
| j           | Total. Add lines 1c through 1i  |  |  |   |  | 6:  | 16,506                        |
| 2a          | Did the activities in line 1 cause th   | e organization to be not described in section 501(c)(3)?   |  | No  |  |   |                               |
| b           | If "Yes," enter the amount of any t   | tax incurred under section 4912  |  |   |  |   |                               |
| С           | ·   | tax incurred by organization managers under section 4912   |  |   |  |   |                               |
| d           |   | a section 4912 tax, did it file Form 4720 for this year?   |  |   | <u> </u>   |   |                               |
| Par         | t III-A Complete if the org 501(c)(6).  | ganization is exempt under section 501(c)(4), section 501(c  | )(5), o  | r sect  | ion  |   |                               |
|             | 201(0)(0).  |  |  |   |  | Yes   | No                            |
| 1           | Were substantially all (90% or mo   | re) dues received nondeductible by members?  |  | [   | 1  |   |                               |
| 2           | •   | house lobbying expenditures of \$2,000 or less?  |  |   | 2  |   |                               |
| 3           |   | y over lobbying and political expenditures from the prior year?<br>ganization is exempt under section 501(c)(4), section 501(c   |  |   | 3  |   |                               |
| 1<br>2<br>a | Section 162(e) nondeductible lobb expenses for which the section Current year |  | 2a   |   |  |   |                               |
| b           | ,   |  | 2b   |   |  |   |                               |
| с<br>3      |   | tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | 2c   |   |  |   |                               |
| 4           |   | nt on line 2c exceeds the amount on line 3, what portion of the excess does  |  |   |  |   |                               |
|             |   | er to the reasonable estimate of nondeductible lobbying and political  | 4  |   |  |   |                               |
| 5           | •   | olitical expenditures (see instructions)   | 5  |   |  |   |                               |
| Pa          | art IV Supplemental Info  |  |  |   |  |   |                               |
|             |   | art l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list)   | Part II-   | A, lines  | s 1 an   | d 2 (se   | ee                            |
| inst        | i i   | , complete this part for any additional information.   |  |   |  |   |                               |
|             | Return Reference EDULE C, PART II-B   | Explanation<br>LINE 1A - VOLUNTEERS: N/A LINE 1B - PAID STAFF OR MANAGEMENT: THE   | LINITY (ED.  | ·   |  | -1050   |                               |
|             |   | GOVERNMENT AND COMMUNITY AFFAIRS AT BOTH ITS MORNINGSIDE AND WHOSE FUNCTION IS TO KEEP THE UNIVERSITY COMMUNITY INFORMED AB LOCAL LEGISLATION AND POLICY THAT HAS AN IMPACT ON THE UNIVERSIT TO ADVOCATE FOR THE UNIVERSITY'S INTERESTS WITH RESPECT TO THIS REGULARLY INVOLVED IN THESE ACTIVITIES INCLUDE BUT ARE NOT LIMITIP PRESIDENT FOR PUBLIC AFFAIRS; ASSOCIATE VICE PRESIDENT FOR GOVER ASSISTANT VICE PRESIDENT FOR GOVERNMENT RELATIONS; THE EXECUTIVE HEALTH SCIENCE; VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT OLD HEALTH SCIENCE; VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT OF A COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY MEDICAL CENTER; DIRECTOWER AND THE ASSISTANT DIRECTOR FOR GOVERNMENT & COMMUNITY AFFAIRS ADVERTISEMENTS: N/A LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS OF PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: N/A LINE 1FORGANIZATIONS FOR LOBBYING PURPOSES: THE UNIVERSITY BELONGS TO TRADE ASSOCIATIONS. A SMALL PORTION OF THE MEMBERSHIP FEES PAID ORGANIZATIONS GOES TO SUPPORT LOBBYING-RELATED ACTIVITIES. THE REPORTED ON THE UNIVERSITY'S LOBBYING DISCLOSURE FILINGS. LINE 19 LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE EXECUTIVE VICE PRESIDENT FOR PUBLIC AFFAIRS, THE ASSOCIATE VICE PRELATIONS, THE ASSISTANT VICE PRESIDENT FOR PUBLIC AFFAIRS, THE ASSOCIATE VICE PRELATIONS, THE ASSISTANT VICE PRESIDENT FOR GOVERNMENT RELATIONS, THE DIRECTO ASSISTANT VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS, AMMUNIVERSITY EMPLOYEES, CONTACTED FEDERAL, STATE, AND LOCAL LEGISI HIGHER EDUCATION ISSUES. THE EXECUTIVE VICE PRESIDENT FOR HEALTI | OUT NATY AND, NO POLICY. ED TO: E ENMENT IVE VICE INT AND R GOVER ROFE OF THE POLICE FOR THE POL | TIONAL WHEN , EMPLO XECUT RELATI PRESIL COMM RIMMEN VERNM C - MEI UBLIC: TS TO ( N HIGH CT COI THE PF T FOR DINATI VERNM VERNM VERNM O AND TH | ., STAAPPRO<br>AAPPRO<br>STAAPPRO<br>STAAPPRO<br>STAAPPRO<br>STAAPPRO<br>STAAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>AAPPRO<br>A | TE AN OPRIAT ICE FOR FFAIR INE 1 OUCAT SE RLY WITH ENT, T RNME HE IFFAIR ITAFFS | D FE, IRS, S; E - TION HHE NT |

EDUCATION ISSUES, HEALTH SCIÉNCES ISSUES AND OTHER ISSUES AFFECTING ACADEMIC MEDICAL CENTERS. THE AMOUNTS SHOWN ON LINE 1G REFLECT PAID STAFF AND MANAGEMENT ACTIVITIES. LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY OTHER MEANS: N/A LINE 1I - OTHER ACTIVITIES: DURING THE REPORTING PERIOD, THE UNIVERSITY RETAINED OUTSIDE FIRMS FOR CONSULTING AND ADVOCACY AT THE FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT. THE AMOUNTS SHOWN ON LINE 1I INCLUDE AMOUNTS PAID TO SUCH OUTSIDE FIRMS FOR ALL ACTIVITIES CONDUCTED BY SUCH FIRMS, INCLUDING CERTAIN OF THE ACTIVITIES DESCRIBED ABOVE AND GENERAL ADVISORY SERVICES TO THE UNIVERSITY IN CONNECTION WITH ITS LOBBYING

ACTIVITIES.

**SCHEDULE D** 

DLN: 93493137006391

2019

OMB No. 1545-0047

### **Supplemental Financial Statements**

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

Open to Public

Department of the Treasury

(Form 990)

| Intern | nal Revenue Service   | <u>ov/Form990</u> for instructions and the latest infor   | mation. Inspection                               |
|--------|---|---|--|
| THE    | ame of the organization<br>IE TRUSTEES OF COLUMBIA UNIVERSITY                                   |   | Employer identification number                   |
|        | THE CITY OF NEW YORK  |   | 13-5598093                                       |
| Pa     | art I Organizations Maintaining Dono Complete if the organization answer                        | or Advised Funds or Other Similar Funds on<br>ered "Yes" on Form 990, Part IV, line 6.                            | r Accounts.                                      |
|        | Complete if the organization thiswe   | (a) Donor advised funds   | (b) Funds and other accounts                     |
| 1      | Total number at end of year   | 14  |  |
| 2      | Aggregate value of contributions to (during year  | 2,115,768   |  |
| 3      | Aggregate value of grants from (during year)  | 8,325,922   |  |
| 4      | Aggregate value at end of year  | 31,415,346  |  |
| 5      |   | or advisors in writing that the assets held in donor advision's exclusive legal control?                          |  |
| 6      | charitable purposes and not for the benefit of the  | s, and donor advisors in writing that grant funds can l<br>he donor or donor advisor, or for any other purpose o  | be used only for                                 |
| Pa     | Conservation Easements.   | prod "Voc" on Form 990, Part IV, line 7   |  |
| 1      | Purpose(s) of conservation easements held by t  | ered "Yes" on Form 990, Part IV, line 7.  |  |
| •      | Preservation of land for public use (e.g., r  | ,   | historically important land area                 |
|        | Protection of natural habitat   |   | ertified historic structure                      |
|        |   | Preservation of a co  | ertified historic structure                      |
| _      | ☐ Preservation of open space  |   |  |
| 2      | Complete lines 2a through 2d if the organizatio easement on the last day of the tax year.       | n held a qualified conservation contribution in the form.   | m of a conservation  Held at the End of the Year |
| а      | Total number of conservation easements  |   | 2a   |
| b      | •   | ents  | 2b   |
| С      |   | <u> </u>  | 2c   |
| d      | Number of conservation easements included in structure listed in the National Register          | (c) acquired after 7/25/06, and not on a historic   | 2d   |
| 3      | Number of conservation easements modified, to tax year ▶  | ransferred, released, extinguished, or terminated by t  | he organization during the                       |
| 4      | Number of states where property subject to cor  | nservation easement is located <b>&gt;</b>  |  |
| 5      | Does the organization have a written policy reg<br>and enforcement of the conservation easement | arding the periodic monitoring, inspection, handling o  | of violations,                                   |
| 6      | Staff and volunteer hours devoted to monitorin  | g, inspecting, handling of violations, and enforcing co   | nservation easements during the year             |
| 7      | Amount of expenses incurred in monitoring, ins  | specting, handling of violations, and enforcing conserv   | ation easements during the year                  |
| 8      |   | line 2(d) above satisfy the requirements of section 17  | 70(h)(4)(B)(i)                                   |
| 9      | balance sheet, and include, if applicable, the te   | orts conservation easements in its revenue and expen<br>xt of the footnote to the organization's financial state  | nse statement, and                               |
| Pai    | the organization's accounting for conservation of rt III Organizations Maintaining Colle        | ections of Art, Historical Treasures, or Othe   | er Similar Assets.                               |
| 1-     | TO 1  | ered "Yes" on Form 990, Part IV, line 8.<br>SFAS 116 (ASC 958), not to report in its revenue sta                  | tement and halance sheet works of                |
| 1a     | art, historical treasures, or other similar assets  | held for public exhibition, education, or research in fu-<br>its financial statements that describes these items. |  |
| b      |   | SFAS 116 (ASC 958), to report in its revenue statemed for public exhibition, education, or research in further    |  |
| (      | (i) Revenue included on Form 990, Part VIII, line   | 1   | <b>&gt;</b> \$                                   |
|        |   |   | •  |
| 2      |   | t, historical treasures, or other similar assets for finar  |  |
| а      |   | 1   | ▶\$  |
| b      |   |   | <u> </u>   |

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ 

 $\boldsymbol{d}$  Equipment . . . .

e Other . .

|            | edule D (Form 990) 2019  |                                 |               |                    |                |                 |               |              | Page 2            |
|------------|--|---------------------------------|---------------|--------------------|----------------|-----------------|---------------|--------------|-------------------|
|            | t III Organizations Maintaining Coll   |                                 |               |                    |                |                 |               |              |                   |
| 3          | Using the organization's acquisition, accession items (check all that apply): ———————————————————————————————————— | , and other records,            |               | ny of t<br>—       | he following t | that are a      | significant u | se of its co | ollection         |
| a          | ✓ Public exhibition  |                                 | d             | <b>✓</b>           | Loan or exch   | ange prog       | rams          |              |                   |
| b          | Scholarly research   |                                 | e             |                    | Other          |                 |               |              |                   |
| С          | ✓ Preservation for future generations  |                                 |               |                    |                |                 |               |              |                   |
| 4          | Provide a description of the organization's colle<br>Part XIII.  | ections and explain             | how they      | / furthe           | er the organiz | zation's ex     | empt purpos   | se in        |                   |
| 5          | During the year, did the organization solicit or assets to be sold to raise funds rather than to                   |                                 |               |                    |                |                 |               | ✓ Yes        | □ No              |
| Pai        | rt IV Escrow and Custodial Arranger<br>Complete if the organization answ<br>X, line 21.                            |                                 | m 990,        | Part 1             | IV, line 9, o  | r reporte       | d an amou     | nt on For    | m 990, Part       |
| 1a         | Is the organization an agent, trustee, custodia included on Form 990, Part X?                                      | n or other intermed             | liary for o   | contrib<br>· · ·   | utions or othe | er assets r<br> | ot            | ☐ Yes        | □ No              |
| b          | If "Yes," explain the arrangement in Part XIII   | and complete the fo             | ollowing t    | able:              |                |                 | 1A            | nount        |                   |
| С          | Beginning balance  |                                 | _             |                    |                | 1c              |               |              |                   |
| d          | Additions during the year  |                                 |               |                    |                | 1d              |               |              |                   |
| e          | Distributions during the year  |                                 |               |                    |                | 1e              |               |              |                   |
| f          | Ending balance   |                                 |               |                    |                | 1f              |               |              |                   |
| 2a         | Did the organization include an amount on For  | m 990, Part X, line             | 21, for e     | scrow              | or custodial a | account lia     | bility?       | ☐ Yes        | □ No              |
| b          | If "Yes," explain the arrangement in Part XIII.  |                                 |               |                    |                |                 |               | _            |                   |
|            | rt V Endowment Funds.  | Chical Hard II and C            | хртатта сто   |                    | been promae    | a a             |               |              |                   |
|            | Complete if the organization answ  | ered "Yes" on For               | m 990,        | Part I             | IV, line 10.   |                 |               |              |                   |
|            |  | (a) Current year                | <b>(b)</b> Pr | ior year           | (c) Two y      | ears back       | (d) Three yea | rs back (e   | ) Four years back |
| <b>1</b> a | Beginning of year balance  | 10,950,738,000                  | 10,8          | 69,245,            | 000 9,99       | 96,596,000      | 9,041,0       | 27,000       | 9,639,065,000     |
| b          | Contributions  | 400,986,000                     |               | 07,537,            | <b>I</b>       | 40,042,000      | 411,8         | 358,000      | 176,354,000       |
| c          | Net investment earnings, gains, and losses   | 562,702,000                     | 4             | 18,416,            | 000 86         | 52,139,000      | 1,140,4       | 124,000      | -173,840,000      |
|            | Grants or scholarships   | 141,393,000                     | 1             | 37,178,            | 000 12         | 20,019,000      | 114,3         | 376,000      | 106,989,000       |
| е          | Other expenditures for facilities and programs   | 472,489,000                     | 4             | 68,970,            | 000 46         | 59,411,000      | 441,4         | 100,000      | 449,177,000       |
| f          | Administrative expenses  | 43,523,000                      |               | 38,312,            |                | 40,102,000      | · ·           | 37,000       | 44,386,000        |
| g          | End of year balance  | 11,257,021,000                  | 10,9          | 50,738,            | 000 10,86      | 59,245,000      | 9,996,5       | 596,000      | 9,041,027,000     |
| 2<br>a     | Provide the estimated percentage of the currer Board designated or quasi-endowment > 3                             | nt year end balance<br>31.680 % | (line 1g      | , colum            | nn (a)) held a | ıs:             |               |              |                   |
| _          | Permanent endowment ► 34.160 %   |                                 |               |                    |                |                 |               |              |                   |
| b          | Temporarily restricted endowment ► 34.16   | en %                            |               |                    |                |                 |               |              |                   |
| С          |  |                                 |               |                    |                |                 |               |              |                   |
| 3a         | The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possess organization by:       | •                               | tion that     | are he             | ld and admin   | istered for     | the           |              | Yes No            |
|            | (i) unrelated organizations  |                                 |               |                    |                |                 |               | 3a(i         |                   |
|            | (ii) related organizations   |                                 |               |                    |                |                 |               | 3a(i         | <del></del>       |
| b          | If "Yes" on 3a(ii), are the related organizations  | s listed as required o          | on Sched      | -     •<br>lule R? |                |                 |               | 3b           | <del>-</del>      |
| 4          | Describe in Part XIII the intended uses of the   | · ·                             |               |                    |                |                 |               |              |                   |
| Pai        | <b>Land, Buildings, and Equipmen</b> Complete if the organization answ   |                                 | m 990.        | Part 1             | [V, line 11a   | . See For       | m 990. Par    | t X, line    | 10.               |
|            | Description of property  (a) Cost or othe (investment)   | er basis (b) Cost               | or other b    |                    | <del>'</del>   | umulated d      |               | <del></del>  | Book value        |
| 1a         | Land   |                                 |               | 504,394            | 1,498          |                 |               |              | 504,394,498       |
|            | Buildings  |                                 | 7,            | 417,138            | 3,111          | 3,2             | 57,923,178    |              | 4,159,214,933     |

645,455,518

1,439,454,597

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

234,988,370

930,216,376

410,467,148

509,238,221

|                             | (including name of security)  | (b) Book value            |                        | l of valuation:<br>year market value                   |
|-----------------------------|---|---------------------------|------------------------|--|
|                             | I derivatives   |                           |                        |  |
| (3) Other<br>(A) GLOBAL     |   | 1,728,633,998             |                        | F  |
|                             | TE RETURN STRATEGIES  | 3,741,276,775             |                        |  |
| (C) PRIVATE                 |   | 2,412,967,022             |                        | F  |
|                             | TATE ASSETS   | 1,580,895,835             |                        |  |
| (E) FIXED IN                | ICOME   | 281,334,161               |                        |  |
|                             | CASH EQUIVALENTS  | 394,601,620               |                        | F  |
| (G)                         |   |                           |                        |  |
| (H)                         |   |                           |                        |  |
| Total. (Columr<br>Part VIII | n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related. | 10,139,709,411            |                        |  |
| Part VIII                   | Complete if the organization answered 'Yes' on                                      | Form 990, Part IV, line 1 |                        |  |
|                             | (a) Description of investment   |                           | (b) Book value         | (c) Method of valuation:<br>Cost or end-of-year market |
| (1)                         |   |                           |                        | value  |
| (2)                         |   |                           |                        |  |
| (3)                         |   |                           |                        |  |
| (4)                         |   |                           |                        |  |
| (5)                         |   |                           |                        |  |
| (6)                         |   |                           |                        |  |
| (7)                         |   |                           |                        |  |
| (8)                         |   |                           |                        |  |
| (9)                         |   |                           |                        |  |
| Total. (Columi              | n (b) must equal Form 990, Part X, col.(B) line 13.)                                |                           | <b>•</b>               |  |
| Part IX                     | <b>Other Assets.</b> Complete if the organization answered 'Yes' on F               | orm 990, Part IV, line 1  | 1d. See Form 990, Part | t X, line 15.  |
| (1)                         | (a) Descriptio  |                           |                        | (b) Book value   |
| (1)                         |   |                           |                        |  |
| (2)                         |   |                           |                        |  |
| (3)                         |   |                           |                        |  |
| (4)                         |   |                           |                        |  |
| (5)                         |   |                           |                        |  |
| (6)                         |   |                           |                        |  |
| (7)                         |   |                           |                        |  |
| (8)                         |   |                           |                        |  |
| (9)                         | (1)   |                           |                        |  |
| Part X                      | mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.           |                           | <u> </u>               | <u> </u>   |
|                             | Complete if the organization answered 'Yes' on F                                    |                           | 1e or 11f.See Form 9   | 990, Part X, line 25.<br><b>(b)</b> Book               |
| <b>1.</b> (1) Federal i     | (a) Description of lincome taxes  | lability                  |                        | value 0  |
|                             | Y FOR SECURITIES PURCH  |                           |                        | 4,307,545  |
|                             | LEASE OBLIGATIONS   |                           |                        | 131,275,210  |
|                             | ASSET RETIREMENT OBLIGA   |                           |                        | 121,992,259  |
|                             | D EMPLOYEE BENEFIT LIAB.<br>. STUDENT LOAN FUNDS                                    |                           |                        | 433,617,465<br>62,399,541                              |
|                             | AL LIAB- SPLIT INT AGRM   |                           |                        | 58,511,097   |
| (8) OTHER LO                | ONG TERM LIABILITIES  |                           |                        | 572,125,777  |
| (10)                        |   |                           |                        |  |
|                             |   |                           |                        |  |
|                             | n (b) must equal Form 990, Part X, col.(B) line 25.)                                |                           |                        | 1,384,228,894  |

Schedule D (Form 990) 2019

|             | Complete if the organi  | ization answered 'Yes' on Form 990, Part   | IV, li           | ine 12a.  |           |                           |  |
|-------------|---|--|------------------|---|-----------|---------------------------|--|
| 1           | Total revenue, gains, and other s   |  | 1                |   |           |                           |  |
| 2           | Amounts included on line 1 but no   | ot on Form 990, Part VIII, line 12:  |                  |   |           |                           |  |
| а           | Net unrealized gains (losses) on i  | nvestments   | 2a               |   |           |                           |  |
| b           | Donated services and use of facili  |  |                  |   |           |                           |  |
| C           | Recoveries of prior year grants   |  |                  |   |           |                           |  |
| d           | Other (Describe in Part XIII.) $\ .$  |  | 2d               |   |           |                           |  |
| e           | Add lines 2a through 2d   |  |                  |   | 2e        |                           |  |
| 3           | Subtract line ${f 2e}$ from line ${f 1}$ .                                  |  |                  |   | 3         |                           |  |
| 4           | Amounts included on Form 990, F   | Part VIII, line 12, but not on line 1:   |                  |   |           |                           |  |
| а           | Investment expenses not include   | d on Form 990, Part VIII, line 7b  | 4a               |   |           |                           |  |
| b           | Other (Describe in Part XIII.) $\ .$  |  | 4b               |   |           |                           |  |
| c           | Add lines <b>4a</b> and <b>4b</b>   |  |                  |   | 4c        |                           |  |
| 5           | Total revenue. Add lines 3 and 4  | c. (This must equal Form 990, Part I, line 12.)  |                  |   | 5         |                           |  |
| Par         |   | penses per Audited Financial Statem  |                  | •   | Retur     | n.                        |  |
|             | ·   | zation answered 'Yes' on Form 990, Part  |                  |   | T .       |                           |  |
| 1           | '   | dited financial statements   |                  |   | 1         |                           |  |
| 2           | Amounts included on line 1 but no   | , ,  |                  | I   |           |                           |  |
| a           | Donated services and use of facili  |  | 2a               |   |           |                           |  |
| b           | Prior year adjustments  |  | 2b               |   | _         |                           |  |
| С           | Other losses  |  | 2c               |   | _         |                           |  |
| d           | Other (Describe in Part XIII.) .  |  | 2d               |   | _         |                           |  |
| е           | Add lines 2a through 2d   |  |                  |   | 2e        |                           |  |
| 3           | Subtract line <b>2e</b> from line <b>1</b> .                                |  |                  |   | 3         |                           |  |
| 4           | Amounts included on Form 990, F   |  |                  | 1   |           |                           |  |
| а           | Investment expenses not include   | d on Form 990, Part VIII, line 7b  | 4a               |   |           |                           |  |
| b           | Other (Describe in Part XIII.) .  |  | 4b               |   | _         |                           |  |
| С           | Add lines <b>4a</b> and <b>4b</b>   | ••••••••••••••••••••••••••••••••••••••   |                  |   | 4c        |                           |  |
| 5           |   |  |                  |   |           |                           |  |
| Pai         | t XIII Supplemental Info  | ormation   |                  |   |           |                           |  |
| Prov<br>XI, | ride the descriptions required for P<br>ines 2d and 4b; and Part XII, lines | art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide | 4; Pari<br>any a | t IV, lines 1b and 2b; Par<br>Idditional information. | t V, line | e 4; Part X, line 2; Part |  |
|             | Return Reference Explanation  |  |                  |   |           |                           |  |
| See A       | Additional Data Table   |  |                  |   |           |                           |  |
|             |   |  |                  |   |           |                           |  |
|             |   |  |                  |   |           |                           |  |
|             |   |  |                  |   |           |                           |  |
|             |   |  |                  |   |           |                           |  |
|             |   |  |                  |   |           |                           |  |

Page 4

| chedule D (Form 990) 2019   | Page <b>5</b>        |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference            | Explanation          |
|                             |                      |
|                             |                      |
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|                             |                      |
|                             |                      |
|                             |                      |

Schedule D (Form 990) 2019

## **Additional Data**

Software ID:

**Software Version: EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

# Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| DETAIL OF UNIVERSITY<br>COLLECTIONS/TEXT OF AUDIT<br>FOOTNOTE | SCHEDULE D, PART III, LINES 1A, 2A & 4 The University's collections include works of art, literary works, historical treasures and artifacts maintained in the University's librarie s and museums. These collections are protected and preserved for public exhibition, educat ion, research, and the furtherance of public service. Proceeds realized from deaccessionin g collection items are to be used for the acquisition of new items for the University's co llection and/or enhancing the life, usefulness or quality of the existing collection throu gh long-term direct care and preservation, which includes conservation care, cataloging an d documenting and proper access and use of the collection. Accordingly, such collections a re not capitalized and contributed items are not recognized as revenue for financial state ment purposes. |

| Supplemental Information        |  |
|---------------------------------|--|
| Return Reference                | Explanation  |
| INTENDED USE OF ENDOWMENT FUNDS | SCHEDULE D, PART V, LINE 4 COLUMBIA UNIVERSITY'S ENDOWMENT FUNDS SUPPORT A RANGE OF PURPOS ES IN ACCORDANCE WITH THE UNIVERSITY'S MISSION, INCLUDING: FINANCIAL AID; FACULTY SALARIES AND SUPPORT; RESEARCH; CAPITAL PROJECTS; GENERAL SUPPORT OF THE UNIVERSITY, SCHOOLS, DEPA RTMENTS, INSTITUTES AND CENTERS. |

| Supplemental Information |   |  |  |  |  |  |
|--------------------------|---|--|--|--|--|--|
| Return Reference         | Explanation   |  |  |  |  |  |
|                          | SCHEDULE D, PART X, LINE 2 THE UNIVERSITY DOES NOT INCLUDE A LIABILITY FOR UNCERTAIN TAX P OSITIONS UNDER FIN 48 (ASC 740) IN ITS FINANCIAL STATEMENTS AS IT IS IMMATERIAL AND DOES N OT HAVE AN IMPACT ON THE STATEMENTS. THE UNIVERSITY BELIEVES THAT ITS TAX POSITIONS OF FIN 48 ARE HIGHLY CERTAIN. |  |  |  |  |  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137006391 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 13-5598093 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

| Schedule E (Form 990 or 990EZ) (2019)  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions. |  |  |  |  |  |  |
| Return Reference   | Explanation  |  |  |  |  |  |
| SCHEDULE E, LINE 3   | COLUMBIA UNIVERSITY CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ACROSS THE NATION AND THE WORLD. ITS EDUCATIONAL PROGRAMS SEEK A BROAD CROSS-SECTION OF STUDENTS FROM THE METROPOLITAN AREA. IT FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY OF ADMISSION AND INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARDS STUDENTS IN ALL SCHOOL AND PROGRAM BULLETINS. IT ALSO REFERS TO THIS POLICY IN ALL WRITTEN ADVERTISING. IT THEREFORE MEETS THE CRITERIA UNDER REV. PROC. 75-50, SECTION 4.03-2(B)FOR EXEMPTION FROM THE PUBLICITY REQUIREMENTS OF SECTION 4.03-1. |  |  |  |  |  |
| SCHEDULE E, LINE 6A  | COLUMBIA UNIVERSITY RECEIVES FEDERAL, STATE AND LOCAL GOVERNMENTAL FUNDING THAT SUPPORTS ITS CORE INSTRUCTIONAL AND RESEARCH PROGRAMS.   |  |  |  |  |  |

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137006391 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 13-5598093 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the program service, describe for and investments employees, agents, region (by type) (such as, region and independent fundraising, program specific type of in the region service(s) in the region contractors in the services, investments, grants to recipients located in the region region) See Add'l Data 32 4.835 6,493,706,522 **3a** Sub-total . b Total from continuation sheets to Part I . . . 62 3,534 320,859,852 94 c Totals (add lines 3a and 3b) 8,369 6,814,566,374

Cat. No. 50082W

Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| art III Grants           | and Other As   | sistance to Organ | izations or Entitie  | es Outside the Uni       | ted States. Comple        | ete if the organization  | on answered "Yes" o        | on Form 990,               |  |  |
|--------------------------|--|-------------------|----------------------|--------------------------|---------------------------|--------------------------|----------------------------|----------------------------|--|--|
| Part IV,                 | Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |                   |                      |                          |                           |                          |                            |                            |  |  |
| (a) Name of organization | (b) IRS code section   | (c) Region        | (d) Purpose of grant | (e) Amount of cash grant | <b>(f)</b> Manner of cash | (g) Amount<br>of noncash | (h) Description of noncash | (i) Method of<br>valuation |  |  |

| organization   | section<br>and EIN (if<br>applicable) | (0) 110 31111 | grant | cash grant | cash<br>disbursement | of noncash<br>assistance | of noncash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) |
|----------------|---------------------------------------|---------------|-------|------------|----------------------|--------------------------|--------------------------|---|
| See Add'l Data |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |
|                |                                       |               |       |            |                      |                          |                          |   |

| _ |  |  |  |  |  |
|---|--|--|--|--|--|

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 147 

|                            | uplicated if addit | (c) Number of |                             | (a) Mannay of as -1-               | (f) Amount of                          | (a) Decembring                              | (h) Math  |
|----------------------------|--------------------|---------------|-----------------------------|------------------------------------|--|---|---|
| ype of grant or assistance | ( <b>b)</b> Region | recipients    | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other |
|                            |                    |               |                             |                                    |  |   |   |
|                            |                    |               |                             |                                    |  |   |   |
|                            |                    |               |                             |                                    |  |   |   |
|                            |                    |               |                             |                                    |  |   |   |
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|                            |                    |               |                             |                                    |  |   |   |
|                            |                    |               |                             |                                    |  |   |   |

| Sche | dule F (Form 990) 2019  |              | Page <b>4</b> |
|------|---|--------------|---------------|
| Pai  | rt IV Foreign Forms   |              |               |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | <b>✓</b> Yes | □No           |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | <b>✓</b> Yes | □No           |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)   | <b>✓</b> Yes | □No           |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).   | <b>☑</b> Yes | □No           |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | <b>✓</b> Yes | □No           |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).   | <b>⊻</b> Yes | □No           |

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

Explanation

| 990 | Schedule | F, | Supplemental | Information |
|-----|----------|----|--------------|-------------|
|     |          |    |              |             |

Return

| OF CHARGES AND TECHNICAL PERFORMANCE REPORTS, CONDUCTING PERIODIC ONSITE VISITS, AND INITIATING AUDITS/REVIEWS WHEN NECESSARY EXPENDITURES RELATED TO FOREIGN ACTIVITY ARE GENERATED FROM A NUMBER OF SCHOOLS AND CENTERS AS WELL AS THROUGH CERTAIN CENTRAL ADMINISTRATIVE ACTIVITY. MOST OF THE ACTIVITY RELATES TO U.S. GOVERNMENT FUNDED PROGRAM SERVICES. OTHER ACTIVITY INCLUDES FACULTY AND STAFF TRAVEL FOR EDUCATIONAL, RESEARCH, FUNDRAISING AND OTHER PROGRAM SERVICES. NOT ALL OF THE OVERSEAS EXPENDITURES ARE SEPARATELY TRACKED AS FOREIGN ACTIVITY. THE AMOUNTS REPRESENTED ON SCHEDULE F REPRESENT THE UNIVERSITY'S GOOD FAITH EFFORTS TO CAPTURE AND CATEGORIZE FOREIGN ACTIVITY. | Reference | Едранация   |
|---|-----------|---|
| GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES   |           | WRITTEN POLICY THAT GOVERNS THE MONITORING OF ALL SPONSORED PROJECT GRANT FUNDING. THIS POLICY IS CONTAINED IN THE "SPONSORED PROJECTS HANDBOOK". THE POLICY STATES THAT THE PRIMARY OBLIGATION FOR THE DAY-TO-DAY MANAGEMENT OF SPONSORED PROJECTS AND INSURING COMPLIANCE WITH FEDERAL AND OTHER SPONSOR REGULATIONS IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR SUPPORTED, AS NECESSARY, BY HIS OR HER ADMINISTRATIVE STAFF. ADDITIONALLY, THE POLICY SPECIFIES THE FOLLOWING MONITORING PROCEDURES: - MONTHLY ACCOUNT RECONCILIATION - REVIEW OF SALARY AND BENEFIT CHARGES - REVIEW OF VENDOR INVOICES - REVIEW OF CHARGES INITIATED BY SERVICE OR RECHARGE CENTERS - REVIEW OF FACILITIES AND ADMINISTRATIVE CHARGES - MONITORING OF SUB-AWARDS THROUGH REVIEW OF CHARGES AND TECHNICAL PERFORMANCE REPORTS, CONDUCTING PERIODIC ONSITE VISITS, AND INITIATING AUDITS/REVIEWS WHEN NECESSARY EXPENDITURES RELATED TO FOREIGN ACTIVITY ARE GENERATED FROM A NUMBER OF SCHOOLS AND CENTERS AS WELL AS THROUGH CERTAIN CENTRAL ADMINISTRATIVE ACTIVITY, MOST OF THE ACTIVITY RELATES TO U.S. GOVERNMENT FUNDED PROGRAM SERVICES. OTHER ACTIVITY INCLUDES FACULTY AND STAFF TRAVEL FOR EDUCATIONAL, RESEARCH, FUNDRAISING AND OTHER PROGRAM SERVICES. NOT ALL OF THE OVERSEAS EXPENDITURES ARE SEPARATELY TRACKED AS FOREIGN ACTIVITY. THE AMOUNTS REPRESENTED ON SCHEDULE F REPRESENT THE UNIVERSITY'S GOOD FAITH EFFORTS TO CAPTURE AND CATEGORIZE FOREIGN ACTIVITY |

### **Additional Data**

Central America and the

Caribbean

# Software ID: Software Version:

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

2,526,018

| Form 990 Schedule F Part T | - Activities Outside Th | ne United States |
|----------------------------|-------------------------|------------------|

| (a) Region                           | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>region |                  | (e) If activity listed in (d) is<br>a program service, describe<br>specific type of service(s)<br>in region | (f) Total expenditures<br>for region |
|--------------------------------------|---|--|------------------|---|--------------------------------------|
| Central America and the<br>Caribbean | 1   | 152  | Program Services | EDUC/RESEARCH/OUTREACH  | 7,550,921                            |

Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures a program service, describe offices in the employees or in region (by type) (i.e., for region fundraising, program specific type of service(s) reaion agents in region services, grants to in region recipients located in the region) Central America and the lInvestments 5,672,537,433 Caribbean 7,136,467 East Asia and the Pacific 887 Program Services |EDUC/RESEARCH/OUTREACH| 10

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific Grantmaking 907,921 East Asia and the Pacific Fundraising 195,828

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region fundraising, program specific type of service(s) reaion agents in region services, grants to in region recipients located in the region) East Asia and the Pacific lInvestments 183,018,938 Europe (Including Iceland and 2,709 Program Services IEDUC/RESEARCH/OUTREACH 13,865,734 14 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Grantmaking 4,712,542 Greenland) Europe (Including Iceland and Fundraising 288,779 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region fundraising, program specific type of service(s) reaion agents in region services, grants to in region recipients located in the region) lInvestments 593,332,199

590 Program Services

4,078,863

|EDUC/RESEARCH/OUTREACH|

Europe (Including Iceland and Greenland)

Middle East and North Africa

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Grantmaking 318,461 Middle East and North Africa Fundraising 45,201

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region fundraising, program specific type of service(s) reaion agents in region services, grants to in region recipients located in the region) Middle East and North Africa 454.252 Investments North America 497 Program Services IEDUC/RESEARCH/OUTREACH 1,339,038

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Grantmaking 1.397.927 North America Fundraising 4,961

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region fundraising, program specific type of service(s) region agents in region services, grants to in region recipients located in the region) North America 40.500.074 lInvestments Russia and the Newly 138 Program Services IEDUC/RESEARCH/OUTREACH 3.765.958 Independent States

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region fundraising, program specific type of service(s) region agents in region services, grants to in region recipients located in the region) 120.437 Russia and the Newly Grantmaking Independent States

335 Program Services

2,205,857

|EDUC/RESEARCH/OUTREACH|

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

South America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Grantmaking 410,500 South America Fundraising 49,952

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region specific type of service(s) reaion agents in fundraising, program region services, grants to in region recipients located in the region) South Asia 235 | Program Services IEDUC/RESEARCH/OUTREACH 1.815.327 South Asia Grantmaking 836,629

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Fundraising 18,201 South Asia Investments 5,614

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) is (f) Total expenditures offices in the employees or in region (by type) (i.e., a program service, describe for region fundraising, program specific type of service(s) reaion agents in region services, grants to in region recipients located in the region) Sub-Saharan Africa 2.826 Program Services IEDUC/RESEARCH/OUTREACH 147.653.739 50 Sub-Saharan Africa Grantmaking 17,297,612

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Fundraising 2,200 Sub-Saharan Africa Investments 106,172,791

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Edu/Research 1,500,000 | Check/Wire IN/A N/A Europe Sub-Saharan lEdu/Research 1.076.838 Check/Wire IN/A N/A

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 576.670 Check/Wire N/A IN/A

554,200 Check/Wire

N/A

N/A

Edu/Research

Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia Edu/Research 423,864 Check/Wire IN/A IN/A Sub-Saharan lEdu/Research 466.182 Check/Wire IN/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal. applicable) assistance other) South America Edu/Research 400,000 Check/Wire N/A IN/A lEast Asia and lEdu/Research 391.174 Check/Wire N/A N/A the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 479,154 Check/Wire IN/A IN/A Africa Sub-Saharan Edu/Research 352.505 Check/Wire IN/A IN/A

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 342,096 Check/Wire IN/A IN/A Africa Sub-Saharan Edu/Research 331.674 Check/Wire IN/A IN/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Edu/Research 290.088 Check/Wire IN/A IN/A Europe East Asia and lEdu/Research 248.702 Check/Wire N/A N/A

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Edu/Research 242.776 Check/Wire IN/A IN/A Europe

232,786 Check/Wire

N/A

N/A

Edu/Research

Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other)

219,366 Check/Wire

N/A

N/A

|  | North America | Edu/Research | 228,667 | Check/Wire | N/A | N/A |
|--|---------------|--------------|---------|------------|-----|-----|
|  |               |              |         |            |     |     |

lEdu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) 254,460 |Check/Wire North America | Edu/Research N/A IN/A Middle East lEdu/Research 209.972 | Check/Wire N/A N/A and North Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Edu/Research 199.955 Check/Wire IN/A IN/A Europe

187,432 Check/Wire

N/A

N/A

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Edu/Research 179,017 Check/Wire IN/A IN/A Europe Sub-Saharan lEdu/Research 129.792 Check/Wire IN/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 126.877 Check/Wire N/A IN/A

123,449 | Check/Wire

N/A

N/A

Edu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Edu/Research 118.993 Check/Wire IN/A IN/A Europe

115,189 Check/Wire

N/A

N/A

Edu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Sub-Saharan Edu/Research 113,130 Check/Wire IN/A IN/A Africa 107,460 Check/Wire IN/A IN/A Europe lEdu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Edu/Research 108,621 Check/Wire IN/A IN/A Europe Sub-Saharan lEdu/Research 97.899 Check/Wire IN/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 90,870 Check/Wire N/A N/A Africa Edu/Research 90.560 Check/Wire N/A N/A Europe

(i) Method of (h) Description (b) IRS code (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV. non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Edu/Research 88,418 Check/Wire N/A IN/A the Pacific 84,612 | Check/Wire N/A IN/A

Russia and the Newly

> Independent States

Edu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) Edu/Research 82,297 Check/Wire N/A N/A Europe Sub-Saharan Edu/Research 81,296 Check/Wire N/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 78,681 Check/Wire N/A N/A Africa South Asia Edu/Research 67,186 Check/Wire N/A IN/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 63,836 Check/Wire N/A N/A Africa Sub-Saharan Edu/Research 62.310 Check/Wire N/A IN/A Africa

(i) Method of (h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 60,260 Check/Wire ln/a N/A

59.347 Check/Wire

N/A

N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Edu/Research 54,650 Check/Wire N/A IN/A land North Africa Middle East Edu/Research 53.839 Check/Wire N/A IN/A land North

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV. cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 49,706 Check/Wire East Asia and Edu/Research N/A IN/A the Pacific

43,215 Check/Wire

N/A

IN/A

East Asia and Edu/Research

Ithe Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) Edu/Research 42,300 Check/Wire N/A N/A Europe Sub-Saharan Edu/Research 42.019 Check/Wire N/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 39,176 Check/Wire Sub-Saharan Edu/Research N/A N/A Africa Edu/Research 38,880 Check/Wire N/A N/A Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other)

|  | South Asia | Edu/Research | 38,839 | Check/Wire | N/A | N/A |
|--|------------|--------------|--------|------------|-----|-----|
|  | Europe     | Edu/Research | 38,509 | Check/Wire | N/A | N/A |

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 35,251 Check/Wire ln/a N/A

32.469 Check/Wire

N/A

N/A

lEdu/Research

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Edu/Research 31,261 Check/Wire IN/A IN/A lEurope

29.850 Check/Wire

N/A

N/A

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) South Asia Edu/Research 46,989 Check/Wire N/A N/A Sub-Saharan Edu/Research 28.955 Check/Wire N/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 27,249 Check/Wire ln/a N/A

26.892 Check/Wire

N/A

N/A

lEdu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Edu/Research 26,404 Check/Wire IN/A IN/A lEurope

26,000 Check/Wire

N/A

N/A

Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other)

25,500 Check/Wire

N/A

N/A

|  | Europe | Edu/Research | 25,981 | Check/Wire | N/A | N/A |
|--|--------|--------------|--------|------------|-----|-----|
|  |        |              |        |            |     |     |

Edu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 25,350 Check/Wire N/A N/A Africa Edu/Research 24,478 Check/Wire N/A N/A Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 22,722 Check/Wire ln/a N/A

20.090 Check/Wire

N/A

N/A

|North America |Edu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America | Edu/Research 19,470 Check/Wire ln/a N/A

16.400 Check/Wire

N/A

N/A

lEdu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 15,000 Check/Wire N/A N/A Africa North America | Edu/Research 15,000 Check/Wire N/A IN/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) lEdu/Research 10,515 Check/Wire ln/a N/A lEurope

10.500 Check/Wire

N/A

N/A

|South America |Edu/Research

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Edu/Research 10,000 Check/Wire IN/A IN/A

9.755 Check/Wire

N/A

N/A

Europe

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) North America | Edu/Research 9,563 Check/Wire N/A N/A Sub-Saharan Edu/Research 5.005 Check/Wire N/A N/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Edu/Research 92,857 Check/Wire N/A N/A Ithe Pacific Sub-Saharan Edu/Research 26.910 Equipment Book Value

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 64,063 Equipment Book Value Africa Sub-Saharan Edu/Research 23.330|Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 8,120 Equipment Book Value Africa Sub-Saharan Edu/Research 18.193 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 408,516 Equipment Book Value Africa Sub-Saharan Edu/Research 14.077 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 40,344 Equipment Book Value Africa Sub-Saharan Edu/Research 14.077 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 18,193 Equipment Book Value Africa Sub-Saharan Edu/Research 106.842 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 24,773 Equipment Book Value Africa Sub-Saharan Edu/Research 5.100 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 18,090 Equipment Book Value Africa Sub-Saharan Edu/Research Book Value 8.400|Eauipment Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 100,363 Equipment Book Value Africa Sub-Saharan Edu/Research 36.596 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 17,972 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 85,766 Equipment Book Value Africa Sub-Saharan Edu/Research 99.334 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 28,475 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 5.583 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 5.583 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,217 Equipment Book Value Africa Sub-Saharan Edu/Research 9.217 Equipment Book Value Africa

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash (book, FMV, non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 9,291|Equipment Book Value Africa

Edu/Research 1.333,722 Check/Wire ln/a N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 384,994 Check/Wire IN/A IN/A Africa Sub-Saharan Edu/Research 338.847 Check/Wire IN/A IN/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description ( (b) IRS code (q) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Central Edu/Research 2.526.018 | Check/Wire N/A IN/A America and the Caribbean 1,081,830 | Check/Wire Sub-Saharan lEdu/Research N/A N/A

(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia and the Edu/Research 17,876 Check/Wire N/A IN/A Nowby

|  | States Sub-Saharan | Edu/Research | 22 970 | Check/Wire | N/A | N/A |
|--|--------------------|--------------|--------|------------|-----|-----|
|  | Independent        |              |        |            |     |     |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region cash (book, FMV, non-cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 105,767 | Check/Wire IN/A N/A Africa Sub-Saharan Edu/Research 6.946,549 Check/Wire ln/a N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Edu/Research 86,706 Check/Wire N/A N/A the Pacific Sub-Saharan Edu/Research 32.779 Check/Wire N/A IN/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 23,082 Check/Wire N/A N/A Africa Sub-Saharan Edu/Research 52.470 Check/Wire N/A IN/A Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 21,334 Check/Wire IN/A IN/A Africa Sub-Saharan Edu/Research 861.835 Check/Wire IN/A IN/A

(i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia and the 17,949 Check/Wire Edu/Research N/A N/A

327.320 Check/Wire

N/A

N/A

| States                |             |             |             |             |             |                         |
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|                       | Independent | Independent | Independent | Independent | Independent | Independent Independent |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Edu/Research

Sub-Saharan

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Edu/Research 94,089 Check/Wire IN/A IN/A Africa Sub-Saharan Edu/Research 161.137 Check/Wire IN/A IN/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description I l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Edu/Research 35,000 CHECK/WIRE IN/A N/A Europe (Includina Iceland and Greenland) Edu/Research 17.705 CHECK/WIRE N/A lEurope IN/A (Including lIceland and

(Greenland)

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## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

DLN: 93493137006391 OMB No. 1545-0047

> Open to Public Inspection

Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

**Employer identification number** THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 13-5598093

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of col. (i) contributions? Yes No RUFFALO NOEL LEVITZ LLC CONSULTING 1025 KIRKWOOD PARKWAY No 605,196 758,877 -153,681 CEDAR RAPIDS, IA 52404 CONSULTING DONORDRIVE 30 WEST THIRD STREET No 49,959 35,189 14,770 CINCINNATI, OH 45202 CONSULTING EVENTAGE 18 SOUTH ORANGE AVENUE Nο 1,142,694 804,859 337,835 SOUTH ORANGE, NJ 07079

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

1,797,849

198,924

1,598,925

|                  | rt II Fundraising Events. Compl  |   |                            |                         |  |
|------------------|--|---|----------------------------|-------------------------|--|
|                  | than \$15,000 of fundraising egross receipts greater than \$   |   | gross income on Form       | 1 990-EZ, lines 1 and 6 | b. List events with                            |
|                  |  | (a)Event #1                             | <b>(b)</b> Event #2        | (c)Other events         | (d) Total events                               |
|                  |  | AWARDS GALA                             | AWARDS DINNER              | 35                      | (add col. <b>(a)</b> through col. <b>(c)</b> ) |
|                  |  | (event type)                            | (event type)               | (total number)          |  |
|                  |  |   |                            |                         |  |
|                  |  |   |                            |                         |  |
| <u>ə</u>         |  |   |                            |                         |  |
| Revenue          |  |   |                            |                         |  |
| Sev.             |  |   |                            |                         |  |
| _                |  |   |                            |                         |  |
|                  |  |   |                            |                         |  |
|                  | 1 Gross receipts   | 1,317,000                               | 967,376                    | 3,553,658               | 5,838,034                                      |
|                  | <b>2</b> Less: Contributions   | 534,000                                 | 865,226                    | 3,071,577               | 4,470,803                                      |
|                  | 3 Gross income (line 1 minus line 2)   | 783,000                                 | 102,150                    | 482,081                 | 1,367,231                                      |
|                  | 4 Cash prizes  | , | 102,130                    | 102,001                 | 1,307,231                                      |
|                  | 5 Noncash prizes   | 1,097                                   | 3,000                      |                         | 4,097  |
| Ses              | 6 Rent/facility costs  |   |                            |                         | · · · · · · · · · · · · · · · · · · ·          |
| Direct Expenses  |  | 76,000                                  | 218,705                    |                         | 294,705  |
| ង្គី             | _  | 160,761                                 |                            |                         | 160,761  |
| ا <del>ب</del> و | 8 Entertainment  | 49,325                                  |                            |                         | 49,325   |
| ā                | 9 Other direct expenses  | 211,828                                 | 59,255                     |                         | 271,083  |
|                  | <b>10</b> Direct expense summary. Add lines 4  | through 9 in column (d)                 |                            |                         | 779,971  |
|                  | 11 Net income summary. Subtract line 10  |   |                            |                         | 587,260  |
| Par              | <b>t III Gaming.</b> Complete if the org on Form 990-EZ, line 6a.                                      | anization answered "Ye                  | s" on Form 990, Part I     | V, line 19, or reported | more than \$15,000                             |
| <u>e</u>         |  |   | (b) Pull tabs/Instant      |                         | (d) Total gaming (add                          |
| en               |  | (a) Bingo                               | bingo/progressive bingo    | (c) Other gaming        | col.(a) through col.(c))                       |
| Reverkie         |  |   |                            |                         |  |
| <u> </u>         | 1 Gross revenue  |   |                            |                         |  |
| Ses              | 2 Cash prizes  |   |                            |                         |  |
| Direct Expense   | 3 Noncash prizes   |   |                            |                         |  |
| മ ∣<br>•         |  |   |                            |                         |  |
| irec             | 4 Rent/facility costs  |   |                            |                         |  |
| <u> </u>         | 5 Other direct expenses  |   |                            |                         |  |
|                  |  | ☐ Yes <u>%</u>                          | Yes%                       | ☐ Yes %                 |  |
|                  | 6 Volunteer labor  | □ No                                    | ☐ No                       | □ No                    |  |
|                  | Binat manager  | th                                      |                            | _                       |  |
|                  | <b>7</b> Direct expense summary. Add lines 2   | through 5 in column (a)                 |                            |                         |  |
|                  | 8 Net gaming income summary. Subtrac   | t line 7 from line 1, colum             | n (d)                      | <u> ▶</u>               |  |
|                  |  | ion conducts gaming activi              | ties:                      |                         |  |
| 9                | Enter the state(s) in which the organizat  |   |                            |                         | ☐ Yes ☐ No                                     |
| 9<br>a           | Is the organization licensed to conduct g  | aming activities in each of             |                            |                         |  |
| 9<br>a<br>b      | Is the organization licensed to conduct g If "No," explain:  | aming activities in each of             |                            |                         |  |
| а                | Is the organization licensed to conduct g If "No," explain:  | aming activities in each of             |                            |                         |  |
| а                | Is the organization licensed to conduct g  If "No," explain:  Were any of the organization's gaming li | aming activities in each of             | d or terminated during the |                         |  |
| a<br>b           | Is the organization licensed to conduct g If "No," explain:  | aming activities in each of             | d or terminated during the |                         |  |

| Sche | dule G (Form 990 or 990-EZ) 20                                    | 19   |   |          |         | F   | age <b>3</b> |
|------|---|--|---|----------|---------|-----|--------------|
| 11   | Does the organization conduct                                     | gaming activities with nonmembers  | 5?  |          | Yes     | □No |              |
| 12   | Is the organization a grantor, be formed to administer charitable |  | member of a partnership or other entity   |          | Yes     |     |              |
| 13   | Indicate the percentage of gam                                    | ing activity conducted in:   |   |          |         |     |              |
| а    | The organization's facility .                                     |  |   | 13a      |         |     | %            |
| b    | An outside facility   |  |   | 13b      |         |     | %            |
| 14   | Enter the name and address of                                     | the person who prepares the organ  | nization's gaming/special events books and  | records: |         |     |              |
|      | Name •  |  |   |          |         |     |              |
|      | Address >   |  |   |          |         |     |              |
| 15a  |   |  | m the organization receives gaming  |          | · 🗆 Yes | Пио |              |
| b    | If "Yes," enter the amount of g                                   | aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$ | anization 🕨 \$ and  | the      |         |     |              |
| c    | If "Yes," enter name and addre                                    | ss of the third party:   |   |          |         |     |              |
|      | Name •  |  |   |          |         |     |              |
|      | Address •   |  |   |          |         |     |              |
|      |   |  |   |          |         |     |              |
| 16   | Gaming manager information:                                       |  |   |          |         |     |              |
|      | Name 🟲  |  |   |          |         |     |              |
|      | Gaming manager compensation                                       | 1 ▶ \$   | <del></del>   |          |         |     |              |
|      | Description of services provided                                  | <b>d</b> ▶   |   |          |         |     |              |
|      | ☐ Director/officer  | ☐ Employee   | ☐ Independent contractor  |          |         |     |              |
| 17   | Mandatory distributions:  |  |   |          |         |     |              |
| а    | <u>-</u>  |  | stributions from the gaming proceeds to   |          | Yes     | Пио |              |
| b    | Enter the amount of distributio                                   | ns required under state law distribu   | ited to other exempt organizations or spen  | t        |         |     |              |
|      |   | pt activities during the tax year  | ·   |          |         |     |              |
| Pai  |   |  | ions required by Part I, line 2b, colum<br>licable. Also provide any additional int |          |         |     | 5.           |
|      | Return Reference  |  | Explanation   |          |         |     |              |

Position of the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 **2019** 

DLN: 93493137006391

## Governments and Individuals in the United States

| reasury<br>nternal Revenue Service                | Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.  ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.  rvice |                    |                                    |                             |  |   |                               | Open to Public<br>Inspection |                                    |  |
|---|---|--------------------|------------------------------------|-----------------------------|--|---|-------------------------------|------------------------------|------------------------------------|--|
| ame of the organization                           |   |                    |                                    |                             |  |   | Employe                       | er identificati              | ion number                         |  |
| HE TRUSTEES OF COL<br>N THE CITY OF NEW YO        |   | IVERSITY           |                                    |                             |  |   | 13-5598                       | 8093                         |                                    |  |
| Part I General                                    | Informa   | ation on Grants    | and Assistance                     |                             |  |   | •                             |                              |                                    |  |
| the selection crite                               | eria used t   | o award the grants | or assistance?                     | the grants or assistance,   |  | for the grants or assistance                                | e, and                        |                              | ☑ Yes ☐ No                         |  |
| Part III Grants an                                | d Other A   | ssistance to Dom   | estic Organizations a              |                             |  | rganization answered "Yes'                                  | on Form 990, Pa               | art IV, line 2               | 1, for any recipient               |  |
| (a) Name and addr<br>organization<br>or governmen | ess of  | (b) EIN            | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Descript<br>noncash assis |                              | (h) Purpose of grant or assistance |  |
| 1) See Additional Data                            | 1   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 2)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 3)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 4)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 5)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 6)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 7)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 8)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 9)  |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 10)   |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 11)   |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
| 12)   |   |                    |                                    |                             |  |   |                               |                              |                                    |  |
|   |   | . , . ,            | -                                  |                             |  |   |                               |                              | 353<br>1                           |  |

**SCHOLARSHIPS** 

**Return Reference** 

ORGANIZATION'S PROCEDURES

FOR MONITORING THE USE OF

DESCRIPTION OF

**GRANTS** 

(2)

(3)

(4)

(5)

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Page 2

STUDENT TUITION GRANTS AND

(6)

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

15649

(c) Amount of

cash grant

7.000

623,991,106

RELATIVE TO BUDGET: - CONDUCTING PERIODIC ON-SITE VISITS, WHEN NECESSARY; AND - INITIATING AUDITS, WHEN NECESSARY,

FORM 990. SCHEDULE I. PART I. LINE 2 THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF THE USE OF SPONSORED PROJECT

PROJECTS FINANCE GROUP COLLECTS A-133 REPORTS FROM SUBRECIPIENT INSTITUTIONS, AND THE PRINCIPAL INVESTIGATORS CARRY OUT THE SECOND TYPE OF MONITORING, PRINCIPALLY BY: - ROUTINELY GATHERING AND REVIEWING TECHNICAL PERFORMANCE REPORTS; - ROUTINELY REVIEWING INVOICES AND EXPENSES

GRANT FUNDING BY SUBRECIPIENTS. THE POLICY MANDATES MONITORING IN TWO AREAS: (A) SUBRECIPIENT INSTITUTION COMPLIANCE WITH THE AUDITING

REQUIREMENTS OF OMB CIRCULAR A-133, AND (B)SUBRECIPIENT INSTITUTION'S APPROPRIATE MANAGEMENT OF SUBAWARD. THE UNIVERSITY'S SPONSORED

(d) Amount of

noncash assistance

N/A

N/A

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

N/A

## **Additional Data**

525 E 68TH ST NEW YORK, NY 10065

02114

NEW YORK UNIVERSITY

NEW YORK, NY 10012

BOX 144 60 Washington Sq

Software ID: **Software Version:** 

> **EIN:** 13-5598093 Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

2,718,392

| Form 990, Schedule I, Part | II, Grants and | Other Assistance to | o Domestic Organiza | tions and Domest   | ic Governments.         |   |
|----------------------------|----------------|---------------------|---------------------|--------------------|-------------------------|---|
| (a) Name and address of    | (b) EIN        | (c) IRC section     | (d) Amount of cash  | (e) Amount of non- | (f) Method of valuation | Π |

| (a) Name and address of<br>organization<br>or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | <b>(f)</b> Meth-<br>(book, F |
|--|------------|-------------------------------|-----------------------------|--|------------------------------|
| CORNELL UNIVERSITY MEDICAL COLLEGE                       | 13-1623978 | 501(C)(3)                     | 6,240,451                   |  | N/A                          |

501(C)(3)

13-5562308

FMV, appraisal, other)

N/A

(g) Description of

non-cash assistance

N/A

(h) Purpose of grant

or assistance

Research

Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MASSACHUSETTS GENERAL 04-2697983 501(C)(3) 2 314 547 IN/A IN/A Research

| HOSPITAL<br>55 Fruit St<br>BOSTON, MA 02114 |            | (-)(-)    | - <b>/ /</b> · |     |     |          |
|---|------------|-----------|----------------|-----|-----|----------|
| NEW YORK BLOOD CENTER                       | 13-1949477 | 501(C)(3) | 2,092,301      | N/A | N/A | Research |

310 E 67TH St NEW YORK, NY 10065

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-6001537 501(C)(3) 2.078.194 IN/A Research UNIVERSITY OF WASHINGTON N/A Box 359505 SEATTLE, WA 98195

RSCH FNDT OF THE STATE UNIT 14-1368361 501(C)(3) 2.039.186 N/A OF NY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research PO BOX 9 ALBANY, NY 12201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) ICAHN SCHOOL OF MEDICINE 13-6171197 501(C)(3) 1.982.494 IN/A IN/A Research

Research

N/A

| AT MOUNT SINAI      |  |  |  |               |
|---------------------|--|--|--|---------------|
| 1 GUSTAVE L LEVY PI |  |  |  |               |
| NEW YORK, NY 10029  |  |  |  |               |
|                     |  |  |  | $\overline{}$ |

1,959,951

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

95-6006144

REGENTS UC SAN DIEGO

9500 GILMAN Dr LA JOLLA, CA 92093

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government DUIZE LINEVED CITY EC 0E22120 E01/C1/21 1 010 246 INI/A NI/A Research

|                               | 25 2225524 | E24 (2) (2) | 1 050 000 |      | N. (A |       |
|-------------------------------|------------|-------------|-----------|------|-------|-------|
| BOX 90660<br>DURHAM, NC 27708 | 56-0532129 | 501(C)(3)   | 1,910,246 | IN/A | IN/A  | Kesea |

PITTSBURGH, PA 15260

UNIVERSITY OF PITTSBURGH 25-0965591 1,859,986 N/A IN/A Research 501(C)(3)| 128 N Craig St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 94-6036493 501(C)(3) 1.848.189 N/A IN/A Research UNIVERSITY OF CALIFORNIA SAN FRANCISCO

220 Montgomery St SAN FRANCISCO, CA 94104 UNIVERSITY OF CALIFORNIA 94-6002123 501(C)(3) 1.830.919 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research at BERKELEY 2195 HEARST Ave BERKELEY, CA 94720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1988190 501(C)(3) 1,770,044 N/A N/A Research RESEARCH FOUNDATION OF

| JOHNS HODKING LINIVEDSITY                       | 52_0505110 | 501(C)(3) | 1 669 975 | N/A | N/A | Posearch |
|---|------------|-----------|-----------|-----|-----|----------|
| THE CUNY<br>230 W 41ST ST<br>NEW YORK, NY 10036 |            |           |           |     |     |          |

JOHNS HOPKINS UNIVERSITY 52-0595110 201(C)(3) 1,668,875 IN/A ikesearch 3910 Keswick Rd

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BALTIMORE, MD 21211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-1352685 501(C)(3) 1,459,359 N/A IN/A Research UNIVERSITY OF PENNSYLVANIA

3451 Walnut St
PHILADELPHIA, PA 19104

BAYLOR COLLEGE OF 74-1613878 501(C)(3) 1,386,442 N/A N/A Research
MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 BAYLOR PLAZA HOUSTON, TX 77030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) MEMORIAL SLOAN-KETTERING 13-1924236 501(C)(3) 1.364.536 N/A IN/A Research CANCER CENTER

PO Box 27106 NEW YORK, NY 10087 REGENTS OF THE UNIVERSITY 95-2226406 501(C)(3) 1.283.144 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research OF CALIFORNIA 120 THEORY IRVINE, CA 92697

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-1156365 501(C)(3) 1.267.090 IN/A STANFORD UNIVERSITY N/A Research PO BOX 44253 SAN FRANCISCO, CA 94144

IN/A

N/A

Research

1,188,374

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

UNIVERSITY OF CINCINNATI

PO BOX 210641 CINCINNATI, OH 45221 31-6000989

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 95-1643307 501(C)(3) 1.183.646 N/A IN/A Research CALIFORNIA INSTITUTE OF TECHNOLOGY

## 1200 E CALIFORNIA BLVD PASADENA, CA 91125 ALBERT EINSTEIN COLLEGE OF 47-2209056 501(C)(3) 1.104.068 N/A IN/A Research MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1300 MORRIS PARK AVE BRONX, NY 10461

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04(0)(0) 1 040 670

| NEW YORK, NY 10013 UNIVERSITY OF UTAH | 87-6000525 | 501(C)(3) | 1.046.764 | N/A  | N/A  | Research |
|---------------------------------------|------------|-----------|-----------|------|------|----------|
| HOSPITALS<br>125 WORTH ST             |            |           |           |      |      |          |
| NEW YORK CITY HEALTH AND              | 13-2655001 | 501(C)(3) | 1,048,679 | IN/A | IN/A | Research |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNIVERSITY OF UTAH 332 S 1400 E

SALT LAKE CITY, UT 84112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF MARYLAND 52-6002033 501(C)(3) 1.034.478 IN/A N/A Research

7809 Regents Dr COLLEGE PARK, MD 20742

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Branchville, NJ 07826

RUTGERS UNIVERSITY 22-6001086 501(C)(3) 1,016,260 IN/A N/A Research 100 Struble RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 05 60064 40 E04(6)(3) 006 775

| 10889 Wilshire Blvd<br>LOS ANGELES, CA 90095 | 95-6006143 | 501(C)(3) | 996,//5 | IN/A | N/A | Research |
|--|------------|-----------|---------|------|-----|----------|
| THE BRIGHAM AND WOMENS<br>HOSPITAL INC       | 04-2312909 | 501(C)(3) | 970,585 | N/A  | N/A | Research |

75 Francis St BOSTON, MA 02115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ROCKEFELLER UNIVERSITY 13-1624158 501(0)(3) 898 803 IN/A IN/A Research

| 1230 YORK AVE<br>NEW YORK, NY 10065 | 13 102 1130 | 301(0)(3) | 030,003 |     |     | TKC5CGTCTT |
|-------------------------------------|-------------|-----------|---------|-----|-----|------------|
| J DAVID GLADSTONE<br>INSTITUTES     | 23-7203666  | 501(C)(3) | 874,183 | N/A | N/A | Research   |

1650 OWENS ST

SAN FRANCISCO, CA 94158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20 6006200 E04(0)(0) 072 660

IN/A

Research

| REGENTS OF THE UNIVERSITY | 38-6006309 | [ 501(C)(3)] | 8/2,660 | IN/A | IN/A | Research |
|---------------------------|------------|--------------|---------|------|------|----------|
| OF MICHIGAN               |            |              |         |      |      |          |
| 500 S State St            |            |              |         |      |      |          |
| ANN ARBOR, MI 48109       |            |              |         |      |      |          |

872.290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

UNIVERSITY OF ARIZONA

1303 E UNIV BLVD TUCSON, AZ 85719 86-6004791

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 57-6000722 501(C)(3) 866,309 N/A Research MEDICAL UNIVERSITY OF N/A COUTH CAROLINA

| UNIVERSITY OF MIAMI                   | 59-0624458 | 501(C)(3) | 859,057 | N/A | N/A | Research |
|---------------------------------------|------------|-----------|---------|-----|-----|----------|
| 19 HAGOOD AVE<br>CHARLESTON, SC 29425 |            |           |         |     |     |          |

PO BOX 248106

CORAL GABLES, FL 33124

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 23-7156071 501(C)(3) 787.375 N/A IN/A Research FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FATRVIEW AVE N SEATTLE. WA 98109 FEINSTEIN INSTITUTE FOR 11-2673595 501(C)(3) 782.575 N/A IN/A Research

MEDICAL RESEARCH 972 BRUSH HOLLOW RD WESTBURY, NY 11590

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-6001673 501(C)(3) 779.908 IN/A Research INDIANA UNIVERSITY N/A

400 E 7th St BLOOMINGTON, IN 47405 MAYO CLINIC IN 59-3337028 501(C)(3) 756.569 N/A Research JACKSONVILLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4500 SAN PABLO Rd JACKSONVILLE, FL 32224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 04-2103594 501(C)(3) 752.557 N/A IN/A Research MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS Ave CAMBRIDGE, MA 02139

IN/A

Research

740.482

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

RUSH UNIVERSITY MEDICAL CENTER

1700 W VAN BUREN CHICAGO, IL 60612 36-2174823

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BOSTON MEDICAL CENTER 04-3314093 501(C)(3) 732,857 N/A N/A Research

| 1 Boston Medical Center Place<br>BOSTON, MA 02118 |            |           |         |     |     |          |
|---|------------|-----------|---------|-----|-----|----------|
| HEBREW HOME FOR THE AGED<br>AT RIVERDALE          | 13-1739971 | 501(C)(3) | 722,441 | N/A | N/A | Research |

5901 PALISADE AVE RIVERDALE, NY 10471

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 26-3428781 501(C)(3) 719.120 IN/A Research THE BROAD INSTITUTE INC N/A

415 MAIN ST CAMBRIDGE, MA 01242 UNIVERSITY OF NORTH 56-6001393 501(C)(3) 708.025 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research CAROLINA 103 S Building CHAPEL HILL, NC 27599

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) PRESIDENT AND FELLOWS OF 04-2103580 501(C)(3) 705.015 N/A IN/A Research HARVARD COLLEGE

1033 MASS AVE BOSTON, MA 02138 WASHINGTON UNIVERSITY ST 43-0653611 501(C)(3) 700.532 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63130

Research LOUIS 1 Brookings Dr

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government THE RAND CORPORATION 95-1958142 501(C)(3) 697.010 IN/A N/A Research

IN/A

N/A

Research

693,302

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

| 1776 MAIN St      | 11011 |
|-------------------|-------|
| SANTA MONICA, CA  | 9040  |
| UNIVERSITY OF CHI | CAGO  |

5235 S Harper Court CHICAGO, IL 60615 36-2177139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 36-2167817 501(C)(3) 688.272 IN/A NORTHWESTERN UNIVERSITY N/A Research 633 Clark St

IN/A

N/A

Research

668,698

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

EVANSTON, IL 60208

CORNELL UNIVERSITY

377 PINE TREE RD ITHACA, NY 14850 15-0532082

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 53-0196603 501(C)(3) 654.877 N/A IN/A Research GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057 WOODS HOLF 04-2105850 501(C)(3) 602.737 IN/A N/A Research

 WASHINGTON, DC 20057
 WOODS HOLE
 04-2105850
 501(C)(3)
 602,737
 N/A
 N/A
 Research N/A

 OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE Rd
 N/A
 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WOODS HOLE, MA 02543

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 04-2774441 501(C)(3) 578,963 N/A N/A Research CHILDRENS HOSPITAL

| UNIVERSITY OF VIRGINIA                         | 54-6046419 | 501(C)(3) | 560,826 | N/A | N/A | Research |
|--|------------|-----------|---------|-----|-----|----------|
| BOSTON<br>300 LONGWOOD AVE<br>BOSTON, MA 02115 |            |           |         |     |     |          |

1001 N EMMET ST E CHARLOTTESVILL, VA 22904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

| UNIVERSITY OF LOUISVILLE<br>2301 S 3rd St<br>LOUISVILLE, KY 40292 | 61-1029626 | 501(C)(3) | 553,182 | N/A | N/A | Research |
|---|------------|-----------|---------|-----|-----|----------|
| UNIVERSITY OF COLORADO  | 84-6000555 | 501(C)(3) | 551,094 | N/A | N/A | Research |

1800 N GRANT ST DENVER, CO 80203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF PUERTO RICO 66-0433762 501(C)(3) 541.053 IN/A Research N/A

Research

535.194

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

| PO BOX 365067                              |            |
|--|------------|
| SAN JUAN, PR 00936                         |            |
| ANN & ROBERT H LURIE<br>CHILDRENS HOSPITAL | 36-2170833 |

225 E CHICAGO Ave CHICAGO, IL 60611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BOSTON UNIVERSITY 04-2103547 501(C)(3) 528,672 N/A N/A Research

| 595 Commonweatlh Ave<br>BOSTON, MA 02215 |            | , , , ,   | ·       |     |     |          |
|--|------------|-----------|---------|-----|-----|----------|
| PENNSYLVANIA STATE<br>UNIVERSITY         | 24-6000376 | 501(C)(3) | 527,437 | N/A | N/A | Research |

One Old Main

UNIVERSITY PARK, PA 16802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF TEXAS 74-6000949 501(C)(3) 511,644 N/A N/A Research

| PO BOX 4786-750<br>HOUSTON, TX 77210 |            |           |         |     |     |          |
|--------------------------------------|------------|-----------|---------|-----|-----|----------|
| HACKENSACK UNIVERSITY                | 22-1487576 | 501(C)(3) | 487,319 | N/A | N/A | Research |

1350 CAMPUS PARKWAY NEPTUNE, NJ 07753

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government BATTELLE 31-4379427 501(C)(3) 482.144 IN/A Research N/A PO BOX 84391 SEATTLE, WA 98124

Research

478.217

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OHIO STATE UNIVERSITY

RESEARCH FNDT 1960 KENNY Rd COLUMBUS, OH 43210 31-6025986

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LA JOLLA INST FOR ALLERGY & 33-0328688 501(C)(3) 471.330 N/A IN/A Research IMMUNOLOGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037

UNIVERSITY OF TEXAS AT 74-6000203 501(C)(3) 467.534 N/A IN/A Research AUSTIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 7458 AUSTIN, TX 78713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government UNIVERSITY OF ALABAMA AT 63-6005396 501(C)(3) 449.916 N/A IN/A Research

IN/A

Research

417.224

| BIRMINGHAM<br>1530 3rd Ave<br>BIRMINGHAM, AL 35294 |  |  |   |
|--|--|--|---|
| 2  |  |  | _ |

14-1338310

Albany Medical CenterCollege

47 NEW SCOTLAND AVE ALBANY, NY 12208

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF KANSAS 48-0680117 501(C)(3) 387.635 IN/A N/A Research 2385 IRVING HILL RD

IN/A

N/A

Research

381,753

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

UNIVERSITY OF MISSOURI

KANSAS CITY, MO 64180

PO BOX 807012

43-6003859

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 95-6006145 501(C)(3) 374.748 N/A IN/A Research UNIVERSITY OF CALIFORNIA SANTA BARBARA 3201 SAASB BUILDING 33-0435954 501(C)(3) 354.782 N/A IN/A Research

SANTA BARBARA, CA 93106 THE SCRIPPS RESEARCH INSTITUTE

10550 N Torrey Pines Rd LA JOLLA, CA 92037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government IDEA ARA 27 275556 E04(0)(3) 252 570 N/A IN/A Research

N/A

Research

| 444 SPEAR ST<br>SAN FRANCISCO, CA 94105 | 2/-3/55556 | 501(C)(3) | 353,578 |  |
|---|------------|-----------|---------|--|
| UNIVERSITY OF IOWA                      | 42-6004813 | 501(C)(3) | 352.277 |  |

JESSUP HALL IOWA CITY, IA 52242

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 34-1018992 501(C)(3) 348.827 N/A IN/A Research CASE WESTERN RESERVE UNIVERSITY 10900 FUCLID AVE

CLEVELAND, OH 44106 REGENTS OF THE UNIVERSITY 41-6007513 501(C)(3) 335.242 N/A IN/A Research OF MINNESOTA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1300 S 2ND ST

MINNEAPOLIS, MN 55454

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PRINCETON UNIVERSITY 21-0634501 501(C)(3) 321,624 N/A N/A Research

| 701 CARNEGIE CTR<br>PRINCETON, NJ 08540 |            |           | ·       |     |     |          |
|---|------------|-----------|---------|-----|-----|----------|
| NEW YORK HOSPITAL OF                    | 11-1839362 | 501(C)(3) | 320,137 | N/A | N/A | Research |

FLUSHING, NY 11355

rch QUEENS. 56-45 MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Clinical Directors Network Inc. 14-1717344 501(0)(3) 305 867 IN/A IN/A Research

| 5 WEST 37TH ST<br>NEW YORK, NY 10018 | 11 1, 1, 311 | 301(0)(3) | 363,667 | 1477 | .,  | Research |
|--------------------------------------|--------------|-----------|---------|------|-----|----------|
| HEALTH RESEARCH<br>INCORPORATED      | 14-1402155   | 501(C)(3) | 300,376 | N/A  | N/A | Research |

150 BROADWAY MENANDS, NY 12204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government earch

| 400 HRVY MITCHEL PKWY S<br>COLLEGE STATION, TX 77845 | 74-6000531 | 501(C)(3) | 296,636 | N/A | N/A | Research |
|--|------------|-----------|---------|-----|-----|----------|
| MAYO CLINIC ROCHESTER                                | 41-6011702 | 501(C)(3) | 290,578 | N/A | N/A | Research |

200 FIRST ST SW ROCHESTER, MN 55902

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) GEORGIA INSTITUTE OF 58-0603146 501(C)(3) 285,448 N/A N/A Research

| TECHNOLOGY<br>PO BOX 100117<br>ATLANTA, GA 30384 |            |           |         |     |     |          |
|--|------------|-----------|---------|-----|-----|----------|
| UNIVERSITY OF WISCONSIN MADISON                  | 39-6006492 | 501(C)(3) | 280,162 | N/A | N/A | Research |

538

MILWAUKEE, WI 53278

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CAINT DETERG LINEVERGITY 22 1407220 E01/01/21 266 072 INI/A NI/A Daaaaaa

Research

N/A

| SATINI PETERS UNIVERSITY | 22-140/330 | 201(C)(3) | 200,072 | IN/A | N/A | Research |
|--------------------------|------------|-----------|---------|------|-----|----------|
| HOSPITAL                 |            |           |         |      |     |          |
| 254 EON AVE              |            |           |         |      |     |          |
| NEW BRUNSWICK, NJ 08901  |            |           |         |      |     |          |

261.894

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

OREGON STATE UNIVERSITY

312 KERR ADMIN BDG CORVALLIS, OR 97331 61-1730890

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government arch

Research

N/A

| CARNEGIE-MELLON      | 25-0969449 | 501(C)(3) | 257,205 | N/A | N/A | Researc |
|----------------------|------------|-----------|---------|-----|-----|---------|
| UNIVERSITY           |            |           |         |     |     |         |
| PO BOX 371032M       |            |           |         |     |     |         |
| PITTSBURGH, PA 15250 |            |           |         |     |     |         |

255.093

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

UNIVERSITY OF ILLINOIS

506 S WRIGHT St URBANA, IL 61801 37-6000511

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NAZADENE COMPASSIONATE 12-1550210 E01/C)/3) 246 226 INI/A N/A Docoarch

IN/A

Research

| NAZAKENE COMPASSIONATE  | 42-1220210 | 301(C)(3) | 240,320 | IN/A | [19] A | research |
|-------------------------|------------|-----------|---------|------|--------|----------|
| MINISTRIES INC          |            |           |         |      |        | 1        |
| 17001 PRAIRIE STAR PKWY |            |           |         |      |        | 1        |
| LENEXA, KS 66220        |            |           |         |      |        | 1        |

244.618

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

23-1352630

DREXEL UNIV

3141 Chestnut St PHILADELPHIA, PA 19104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government WAKE FOREST UNIVERSITY 56-0532138 501(C)(3) 243.147 IN/A Research N/A MEDICAL CTR BLVD WINSTON SALEM, NC 27157

GEORGE WASHINGTON 53-0196584 501(C)(3) 240.126 N/A UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research 45155 RESEARCH PL ASHBURN, VA 20147

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 22 2002072 E04(6)(3) 226 247

| 333 Cottman Ave PHILADELPHIA, PA 19111 | 23-2003072 | 501(C)(3) | 236,317 | IN/A | N/A | Research |
|--|------------|-----------|---------|------|-----|----------|
| DANA FARBER CANCER<br>INSTITUTE        | 04-2263040 | 501(C)(3) | 235,609 | N/A  | N/A | Research |

450 BROOKLINE Ave BOSTON, MA 02215

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) STEVENS INSTITUTE OF 22-1487354 501(C)(3) 234.886 N/A IN/A Research TECHNOLOGY 95-1644600 232.381 IN/A Research

1 CASTLE PT ON HUDSON HOBOKEN, NJ 07030 501(C)(3) N/A CEDAR SINAI MEDICAL

CENTER 6500 WILSHIRE BLVD

LOS ANGELES, CA 90048

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government UNIVERSITY OF CONNECTICUT 58-2065579 501(C)(3) 219.903 IN/A Research N/A 438 WHITNEY RD STORRS, CT 06269 UNIVERSITY OF ALASKA AT 92-6000147 501(C)(3) 215.135 N/A Research

FAIRBANKS PO BOX 757880 FAIRBANKS, AK 99775

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-1352166 501(C)(3) 850.827 N/A IN/A Research CHILDRENS HOSPITAL OF PHILADELPHIA Civic CTR Blvd PHILADELPHIA, PA 19104

PUBLIC HEALTH FOUNDATION 95-2557063 501(C)(3) 210.179 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CITY OF INDUSTRY, CA 91746

Research ENTERPRISES INC 13300 CROSSROADS PKWY N

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF HOUSTON SYS 74-6001399 501(C)(3) 206,939 N/A N/A Research

| PO BOX 988<br>HOUSTON, TX 77001        |            |           |         |     |     |          |
|--|------------|-----------|---------|-----|-----|----------|
| ALBANY COLLEGE OF<br>PHARMACY SCIENCES | 14-1423161 | 501(C)(3) | 205,998 | N/A | N/A | Research |

106 NEW SCOTLAND Ave ALBANY, NY 12208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 95-1642394 501(C)(3) 202.526 N/A IN/A Research UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA St.

IN/A

Research

199.706

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LOS ANGELES, CA 90089

CHRISTIANA CARE HEALTH
SYSTEM

200 HYGEIA DR NEWARK, DE 19713 51-0103684

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 62-0476822 501(C)(3) 198.179 IN/A VANDERBILT UNIVERSITY N/A Research 2301 Vanderbilt Pl

IN/A

N/A

Research

197.688

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NASHVILLE, TN 37235
BRANDEIS UNIVERSITY

WALTHAM, MA 02453

415 S St

04-2103552

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-0868188 501(C)(3) 190.775 IN/A Research UNIVERSITY OF NOTRE DAME N/A 836A GRACE HALL NOTRE DAME, IN 46556 AMERICAN ACADEMY OF 36-2275597 501(C)(3) 189.071 N/A Research PEDIATRICS

345 Park Blvd Itasca, IL 60143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 16-0743209 501(C)(3) 188.919 IN/A Research UNIVERSITY OF ROCHESTER N/A 300 E River Rd ROCHESTER, NY 14627

CHILDRENS HOSPITAL OF LOS 95-1690977 501(C)(3) 185.514 N/A ANGELES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research 4650 SUNSET Blvd LOS ANGELES, CA 90027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-6000565 501(C)(3) 183.530 IN/A Research CITY COLLEGE OF NY N/A 160 Convent Ave

NEW YORK, NY 10031 ST LOUIS COLLEGE OF 43-0652675 501(C)(3) 182.399 N/A Research PHARMACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4588 PARKVIEW PI ST LOUIS, MO 63304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government earch

| MDRC               | 23-7379473 | 501(C)(3) | 181,455 | N/A | N/A | Resea |
|--------------------|------------|-----------|---------|-----|-----|-------|
| 16 E 34TH ST       |            |           |         |     |     |       |
| NEW YORK, NY 10016 |            |           |         |     |     |       |

500 W 185th St NEW YORK, NY 10033

YESHIVA UNIVERSITY 13-1624225 501(C)(3) 174.127 N/A Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 04-3167352 501(C)(3) 171.770 N/A IN/A Research UNIVERSITY OF MASSACHUSETTS 333 S St

IN/A

Research

168.438

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

333 S St blank, MA 01545 MEDSTAR HEALTH RESEARCH INSTITUTE

PO BOX 418223 BOSTON, MA 02241 52-6056274

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF NORTH TEXAS 75-6064033 501(C)(3) 166.665 IN/A N/A Research 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107

IN/A

N/A

Research

160.714

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SDSN ASSOCIATION

475 RIVERSIDE DR NEW YORK, NY 10115 47-3511012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government arch

| TUFTS UNIVERSITY<br>Ballou Hall<br>Medford, MA 02155 | 04-2103634 | 501(C)(3)   | 160,088 | N/A  | N/A  | Research |
|--|------------|-------------|---------|------|------|----------|
|  | 00 0534734 | 504 (0) (2) | 450 470 | A17A | NI/A |          |
| NEW YORK GENOME CTR INC                              | 80-0631734 | 501(C)(3)   | 159,473 | N/A  | N/A  | Research |

101 Ave OF THE AMERICAS NEW YORK, NY 10013

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) University of California at 94-1539563 501(C)(3) 153.291 N/A IN/A Research Santa Cruz 1156 HIGH ST SANTA CRUZ. CA 95064

CENTER FOR COMMUNITY 52-0888113 501(C)(3) 150.000 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20009

Research CHANGE 1536 U ST NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) NAACP LEGAL DEFENSE & 13-1655255 501(C)(3) 150.000 N/A IN/A Research EDUCATIONAL FUND 40 RECTOR ST

40 RECTOR ST NEW YORK, NY 10006

UNIVERSITY OF NEW MEXICO 85-6000642 501(C)(3) 144,313 N/A N/A Research HEALTH SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 UNIV OF NM

ALBUQUERQUE, NM 87131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| HASTINGS CTR<br>21 MALCOLM GORDON Rd<br>GARRISON, NY 10524 | 13-2662222 | 501(C)(3) | 144,005 | N/A | N/A | Research |
|--|------------|-----------|---------|-----|-----|----------|
| MCLAUGHLIN RESEARCH  | 81-0459235 | 501(C)(3) | 138,687 | N/A | N/A | Research |

1520 23RD ST S GREAT FALLS, MT 59405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 74-1109620 501(C)(3) 136.518 IN/A RICE UNIVERSITY N/A Research

PO BOX 1892 HOUSTON, TX 77251

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TEMPE, AZ 85287

ARIZONA STATE UNIVERSITY 86-0196696 501(C)(3) 136,305 IN/A N/A Research PO BOX 876011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INST FOR ADVANCED STUDY 21-0634988 501(C)(3) 135,788 N/A N/A Research

| 1 EINSTEIN Dr<br>PRINCETON, NJ 08540 |            |           |         |     |     |          |
|--------------------------------------|------------|-----------|---------|-----|-----|----------|
| KENNEDY MEDICAL GROUP<br>PRACTICE PC | 46-1420853 | 501(C)(3) | 135,695 | N/A | N/A | Research |

500 MARLBORO AVE CHERRY HILL, NJ 08002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Henry Jackson Foundation 52-1317896 501(0)(3) 132 851 IN/A Research

| 6720-A ROCKLEDGE Dr<br>BETHESDA, MD 20817 | 32-1317090 | 301(0)(3) | 132,031 | 1976 |     | ixesearcii |
|---|------------|-----------|---------|------|-----|------------|
| BUSARA CENTER FOR                         | 46-2695042 | 501(C)(3) | 130,964 | N/A  | N/A | Research   |

PO BOX 1340 PRINCETON, NJ 08540

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-4489946 501(C)(3) 129,404 N/A N/A Research SAGE BIONETWORKS

| 2901 THIRD Ave<br>SEATTLE, WA 98121 |            |           |         |     |     |
|-------------------------------------|------------|-----------|---------|-----|-----|
| RESEARCH TRIANGLE<br>INSTITUTE      | 56-0686338 | 501(C)(3) | 128,865 | N/A | N/A |

PO BOX 900002 RALEIGH, NC 27675 N/A Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

306 LENOX Ave NEW YORK, NY 10027

| CHILD MIND INSTITUTE<br>445 PARK Ave<br>NEW YORK, NY 10022 | 80-0478843 | 501(C)(3) | 116,355 | N/A | N/A | Research |
|--|------------|-----------|---------|-----|-----|----------|
| UPPER ROOM AIDS MINISTRY INC                               | 13-3841701 | 501(C)(3) | 114,092 | N/A | N/A | Research |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 72-1505359 501(C)(3) 113.021 N/A IN/A Research NATIONAL NETWORK OF PUBLICH HEALTH 1100 POYDRAS St NEW ORLEANS, LA 70163

IN/A

Research

110.509

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FLORIDA STATE UNIVERSITY

874 TRADITIONS WAY TALLAHASSEE, FL 32306

59-1961248

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-2976783 501(C)(3) 109.316 N/A IN/A Research THE UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PKWY PENSACOLA, FL 32514

AFRICAN POPULATION HEALTH 61-1608361 501(C)(3) 108.204 N/A IN/A Research RCH CTR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

**OUARRY LAKE DR S** BALTIMORE, MD 21209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE UNIVERSITY OF CENTRAL 59-2924021 501(C)(3) 107.552 N/A IN/A Research FLORIDA 4000 CTRI Florida Blvd

4000 CTRL Florida Blvd
ORLANDO, FL 32816

MEDICAL COLLEGE OF 39-0806261 501(C)(3) 107,530 N/A N/A Research
WISCONSIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 72-0502505 501(C)(3) 107.351 N/A IN/A Research OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HGWY

Research

1514 JEFFERSON HGWY
JEFFERSON, LA 70121

LOUISIANA STATE 72-6000848 501(C)(3) 105,640 N/A N/A
UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

204 THOMAS BOYD BATON ROUGE, LA 70803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) VISITING NURSE SERVICE OF 13-3189926 501(C)(3) 103.530 IN/A IN/A Research

| NEW YORK           |  |  |  |  |
|--------------------|--|--|--|--|
| 107 E 70th St      |  |  |  |  |
| NEW YORK, NY 10021 |  |  |  |  |
|                    |  |  |  |  |

23510 NETWORK PI CHICAGO, IL 60673

35-6002041 501(C)(3) 100.053 N/A IN/A Research PURDUE UNIVERSITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-1176109 501(C)(3) 98.226 N/A IN/A Research OREGON HEALTH AND SCIENCES UNIV 0690 SW BANCROFT

PORTLAND, OR 07239 THOMAS JEFFERSON 23-1352651 501(C)(3) 97.210 N/A IN/A Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 87-0687610 501(C)(3) 96.840 IN/A Research BATEMAN HORNE CENTER N/A 24 S 1100 E SALT LAKE CITY, UT 84102

N/A

Research

95.220

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BETH ISRAEL DEACONESS

MEDICAL CENTER 330 BROOKLINE Ave BOSTON, MA 02215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-1019655 501(C)(3) 92.351 IN/A Research BLOODWORKS N/A 921 TERRY AVE SEATTLE, WA 98104

N/A

Research

88.735

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SEATTLE, WA 98104

BROOKHAVEN NATIONAL
LABORATORY
20 BROOKHAVEN Ave

UPTON, NY 11973

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| Creighton University<br>2500 CALIFORNIA PLZ<br>OMAHA, NE 68178 | 47-0376583 | 501(C)(3) | 86,252 | N/A | N/A | Research |
|--|------------|-----------|--------|-----|-----|----------|
| FLORIDA ATLANTIC<br>UNIVERSITY                                 | 65-0385507 | 501(C)(3) | 85,796 | N/A | N/A | Research |

777 Glades Rd BOCA RATON, FL 33431

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 25-0965219 501(C)(3) 82.903 N/A IN/A Research AMERICAN INSTS FOR RSCH IN THE BEHAV SCI 1000 T JEFFERSON St NW

IN THE BERAY SCI.

1000 T JEFFERSON St NW
WASHINGTON, DC 20007

UNITED NATIONS 58-2368165 501(C)(3) 82,871

FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1750 PENNSLYVANIA AVE NW WASHINGTON, DC 20006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 94-1105628 501(C)(3) 82.103 IN/A KAISER PERMANENTE N/A Research 1800 HARRISON ST OAKLAND, CA 94612

IN/A

N/A

Research

81.969

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

82-2792979

AI4ALL

PO BOX 30114 OAKLAND, CA 94604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| RIVERSIDE RESEARCH<br>156 WILLIAM ST<br>NEW YORK, NY 10038 | 13-2593244 | 501(C)(3) | 81,682 | N/A | N/A | Research |
|--|------------|-----------|--------|-----|-----|----------|
| HOSPITAL FOR SPECIAL<br>SURGERY                            | 13-1624135 | 501(C)(3) | 77,647 | N/A | N/A | Research |

535 E 70TH St NEW YORK, NY 10021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WESLEYAN UNIVERSITY 06-0646959 501(C)(3) 76,957 N/A N/A Research

| 237 HIGH ST<br>MIDDLETOWN, CT 06457              |            |           |        |     |     |          |
|--|------------|-----------|--------|-----|-----|----------|
| BIRMINGHAM AIDS OUTREACH<br>INC<br>205 32ND ST S | 63-0948495 | 501(C)(3) | 75,520 | N/A | N/A | Research |

BIRMINGHAM, AL 35233

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 99-6000354 501(C)(3) 74.315 IN/A Research UNIVERSITY OF HAWAII N/A 2440 CAMPUS Rd

N/A

Research

70.116

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HONOLULU, HI 96822

THE UNIVERSITY 95-9992732
CORPORATION

18111 NORDHOFF ST NORTHRIDGE, CA 91330

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF TEXAS 75-6002868 501(C)(3) 69.743 IN/A Research N/A SOUTHWESTERN PO BOX 841765 DALLAS, TX 75284

IN/A

N/A

Research

68.721

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

**EMORY UNIVERSITY** 

PO BOX 935084 ATLANTA, GA 31193

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government STATE OF CO SCH OF MINES 84-6000551 501(0)(3) 67 117 IN/A Research

| PO BOX 911911<br>DENVER, CO 80291 | 01 0000331 | 301(0)(3) | 37,117 | 1471 |     | researen |
|-----------------------------------|------------|-----------|--------|------|-----|----------|
| MONTEFIORE MEDICAL<br>CENTER      | 13-1740114 | 501(C)(3) | 66,644 | N/A  | N/A | Research |

111 E 210TH St BRONX, NY 10467

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government COLORADO COLLEGE 84-0402510 E01/C)/3) 66 12N IN/A N/A Research

N/A

Research

N/A

| COLONADO COLLEGE     | 04 0402310 | 301(0)(3) | 00,120 | 1 N / C | · · · · · · | I I Cocai ci |
|----------------------|------------|-----------|--------|---------|-------------|--------------|
| 14 E CACHE LA POUDRE |            |           |        |         |             |              |
| COLORADO SPRINGS, CO |            |           |        |         |             |              |
| 80903                |            |           |        |         |             |              |
|                      |            |           |        |         |             |              |

65.708

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SANFORD BURNHAM

10901 N TORREY PINES Rd LA JOLLA, CA 92037

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MONTOLATE CTATE 22 6017200 E01/C1/21 64 456 INI/A NI/A Docoarch

| MONICLAIR STATE     | 22-001/209 | 301(C)(3) | 04,430 | IN/A | 119/75 | research |
|---------------------|------------|-----------|--------|------|--------|----------|
| UNIVERSITY          |            |           |        |      |        |          |
| 1 NORMAL Ave        |            |           |        |      |        |          |
| MONTCLAIR, NJ 07043 |            |           |        |      |        |          |
|                     |            |           |        |      |        |          |

233 BROADWAY NEW YORK, NY 10279

501(C)(3) N/A VERA INSTITUTE OF JUSTICE 13-1941627 63.149 N/A Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF MAINE 01-6000769 501(C)(3) 61,622 N/A N/A Research

| 5717 CORBETT HALL<br>ORONO, ME 04669                      |            |           |        |     |     |          |
|---|------------|-----------|--------|-----|-----|----------|
| BIGELOW LABORATORY FOR<br>OCEAN SCIENCES<br>60 BIGELOW DR | 01-6006001 | 501(C)(3) | 61,548 | N/A | N/A | Research |

E BOOTHBAY, ME 04544

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-0833936 501(C)(3) 60,935 N/A Research CHILDRENS HOSPITAL N/A

426 AUDITORIUM RD EAST LANSING, MI 48854

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNI CORP FOR ATMOSPHERIC 84-0412668 501(C)(3) 57.468 N/A IN/A Research RSCH

PO BOX 3000 BOULDER, CO 80307 MAGEE-WOMENS RESEARCH 25-1462312 501(C)(3) 57.335 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research INST & FNDT 3339 WARD St PITTSBURGH, PA 15213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 84-6000545 501(C)(3) 57.095 N/A IN/A Research COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY

FORT COLLINS, CO 80523 UNIVERSITY OF SOUTH 59-3102112 501(C)(3) 56.646 N/A IN/A Research FLORIDA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 864568 ORLANDO, FL 32886

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SEATTLE INST FOR BIOMED & 91-1452438 501(C)(3) 56.140 N/A IN/A Research CLINICAL RSCH 1660 S COLUMBIAN WAY

N/A

IN/A

Research

55.787

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SEATTLE, WA 98108

CALLEN-LORDE COMMUNITY
HEALTH CENTER

356 W 18TH St NEW YORK, NY 10011

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 16-1056814 501(C)(3) 53.730 N/A IN/A Research FRONTIER SCIENCE AND TECHNOLOGY 4033 MAPLE RD Research

AMHERST, NY 14226 ARBOR RESEARCH 38-3289521 501(C)(3) 53.652 N/A IN/A COLLABORATIVE FOR HEALTH

340 E HURON St ANN ARBOR, MI 48104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LINIVERSITY OF RHODE 05-6000522 501(0)(3) 51 501 IN/A IN/A Research

| ISLAND<br>70 LOWER COLLEGE Rd<br>KINGSTON, RI 02881 |            | 332(3)(3) |        |     |     |          |
|---|------------|-----------|--------|-----|-----|----------|
| NY HALL OF SCIENCE                                  | 11-2104059 | 501(C)(3) | 51,766 | N/A | N/A | Research |

NY HALL OF SCIENCE 47-01 111TH St

OUEENS, NY 11368

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government OF COURT DAYORS 46 60000064 E04(0)(3) E0 303 1 8 1 / 8 NI/A

| WAYNE STATE UNIV                              | 38-6028429 | 501(C)(3) | 48,848 | N,  | I/A | N/A | Research |
|---|------------|-----------|--------|-----|-----|-----|----------|
| 501 E SAINT JOSEPH ST<br>RAPID CITY, SD 57701 | 46-6000364 | 501(C)(3) | 50,292 | IN, | I/A | N/A | Kesearch |

PO BOX 02788 DETROIT, MI 48202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 55-0665758 501(C)(3) 48.382 N/A IN/A Research WEST VIRGINIA UNIVERSITY RESEARCH CORP

PO BOX 6002 MORGANTOWN, WV 26506 74-6000541 501(C)(3) 47.315 N/A IN/A Research TEXAS A&M UNIVERSITY-CORPUS CHRISTI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6300 OCEAN DR

CORPUS CHRISTI, TX 78412

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-6008480 501(C)(3) 46.569 N/A IN/A Research NORTHERN ILLINOIS UNIVERSITY LOWDEN HALL- 203

DEKALB. IL 60115 NYSE ASSTN OF COUNTY HEALTH OFFCLS

14-1747742 501(C)(3) 45.673 N/A IN/A Research 1 UNITED WAY PINE W PLAZA ALBANY, NY 12205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1524967 501(C)(3) 44.829 N/A IN/A Research HUGO W MOSER RESEARCH INSTITUTE

Research

INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205

AMERICAN UNIVERSITY OF 13-5596846 501(C)(3) 44,014 N/A N/A BEIRUT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3 DAG HAMMARSKJOLD PLZ NEW YORK, NY 10017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 54-0836354 501(C)(3) 43.680 IN/A Research George Mason University N/A 4400 UNIV Dr

N/A

Research

42.906

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FAIRFAX, VA 22030 SOCIETY OF THORACIC SURGEONS

633 N SAINT CLAIRE ST CHICAGO, IL 60611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 51-6000297 501(C)(3) 42.377 IN/A Research UNIVERSITY OF DELAWARE N/A 116 STUDENT SVCS BLDG NEWARK, DE 19716

UNIVERSITY OF TEXAS HSC. 74-1761309 501(C)(3) 41.753 N/A Research HOUSTON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 301418 DALLAS, TX 75303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 57-1175778 501(C)(3) 41.520 IN/A Research IUP RESEARCH INSTITUTE N/A 1179 GRANT ST INDIANA, PA 15701

CSU BAKERSETELD AUXILLARY 32-0291662 501(C)(3) 40.154 N/A Research FOR SPA 9001 STOCKDALE HWY BAKERSFIELD, CA 93311

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 56-1792183 501(C)(3) 40.000 N/A IN/A Research COMMUNITIES IN SCHOOLS OF ROBESON COUNTY Research

2006 N PINE ST LUMBERTON, NC 28359 **BOYS & GIRLS CLUBS OF** 66-0327584 501(C)(3) 40.000 N/A IN/A PUERTO RICO INC

PO BOX 79526 CAROLINA, PR 00984

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1231931 501(C)(3) 40.000 N/A IN/A Research ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PKW COLUMBIA, MD 21044 501(C)(3) 39.379 N/A IN/A Research

NORTHERN ARIZONA UNIVERSITY

PO BOX 4080 FLAGSTAFF, AZ 88011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1592616 501(C)(3) 38.842 N/A IN/A Research NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVE NEWARK, NJ 07103

VIRGINIA INSTITUTE OF 54-6001802 501(C)(3) 37.520 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research MARINE SCIENCE PO BOX 8795 WILLIAMSBURG, VA 23187

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TEXAS BIOMEDICAL 74-1109630 E01/C)/3) 37 064 IN/A Research

| TEXAS BIOTIEDICAL     | 74 1103030 | 301(0)(3) | J 7,007 | 1 N / C | 1, | I Cocarcii |
|-----------------------|------------|-----------|---------|---------|----|------------|
| RESEARCH INSTITUTE    |            |           |         |         |    |            |
| PO BOX 760549         |            |           |         |         |    |            |
| SAN ANTONIO, TX 78245 |            |           |         |         |    |            |
|                       |            |           |         |         |    |            |

6823 ST CHARLES AVE NEW ORLEANS, LA 70118

N/A TULANE UNIVERSITY 72-0423889 501(C)(3) 36.969 N/A Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 22-3524939 501(C)(3) 36,635 N/A N/A Research VIRTUA HEALTH INC 20 W STOW RD

| MARLTON, NY 08053                                       |            |           |        |     |     |          |
|---|------------|-----------|--------|-----|-----|----------|
| BARD COLLEGE<br>30 CAMPUS RD<br>ANNANDALE ON HUDSON, NY | 14-1713034 | 501(C)(3) | 35,991 | N/A | N/A | Research |

12504

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-0564748 501(C)(3) 35.966 IN/A Research SEATTLE CHILDRENS N/A HOSPITAL

IN/A

Research

N/A

35.683

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

23-6291113

PO Box 5371 SEATTLE, WA 98124 GEISINGER HEALTH SYSTEM

100 N ACADEMY Ave DANVILLE, PA 17822

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-3704165 501(C)(3) 35.000l N/A IN/A Research COMMUNITY OPPORTUNITY FUND 144 MAIN ST

N/A

IN/A

Research

34.949

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

144 MAIN ST COLD SPRING, NY 10516 BANK STREET COLLEGE OF EDUCATION

610 W 112 ST NY, NY 10025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-0049123 501(C)(3) 32.666 N/A IN/A Research UNIVERSITY OF NEBRASKA MEDICAL CENTER LINCOLN. NE 68583

PO BOX 830861 MARY IMOGENE BASSETT 13-5596796 501(C)(3) 32.482 N/A IN/A Research HOPSITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ONE ATWELL RD

COOPERSTOWN, NY 13326

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 56-6000007 501(C)(3) 30.154 N/A IN/A Research North Carolina A&T State University

1601 F MARKET ST GREENSBORO, NC 27411 APPALACHIAN STATE 56-1176030 501(C)(3) 30.119 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOONE, NC 28608

Research UNIVERSITY PO BOX 32043

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government earch

| Knology Ltd<br>40 EXCHANGE PL<br>NEW YORK, NY 10005 | 45-4393574 | 501(C)(3) | 29,739 | N | N/A | N/A | Research |
|---|------------|-----------|--------|---|-----|-----|----------|
| SAN JOSE STATE UNIVERSITY                           | 94-6017638 | 501(C)(3) | 29,104 | N | I/A | N/A | Research |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

210 N FOURTH ST SAN JOSE, CA 95112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1739937 501(C)(3) 28.074 IN/A Research BURKE MED RES INST N/A

785 MAMARONECK AVE WHITE PLAINS, NY 10605 DREXEL UNIVERSITY COLLEGE 23-2979433 501(C)(3) 26.725 N/A Research OF MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 9500-1090 PHILADELPHIA, PA 19195

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TEXAS A&M UNIVERSITY AT 74-2125225 501(C)(3) 25,710 N/A N/A Research CALVESTON

| LEGE STATION, TX 7784! | 5 |  |  |  |
|------------------------|---|--|--|--|
| HARVEY MITCHELL PKWY   |   |  |  |  |

700 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

20-4421980 501(C)(3) 25,000 IN/A N/A GLOBAL PRESS INSTITUTE Research

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NEIGHBORHOOD 52-1148078 501(C)(3) 24.732 N/A IN/A Research REINVESTMENT CORPORATION 999 N CAPITOL St NE

IN/A

Research

24.456

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

999 N CAPITOL St NE
WASHINGTON, DC 20002
UNIVERSITY OF WISCONSIN
SYSTEM

MILWAUKEE, WI 53201

PO BOX 500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW YORK MEDICAL COLLEGE 13-1099420 501(0)(3) 24 217 IN/A IN/A Research

| 40 SUNSHINE COTTAGE Rd<br>VALHALLA, NY 10595 | 13 1333 123 | 301(0)(3) | _ 1,   | .,,,, | ,   | TKG55GT GIT |
|--|-------------|-----------|--------|-------|-----|-------------|
| NEW MEXICO INSTITUTE OF MINING               | 85-6000411  | 501(C)(3) | 24,034 | N/A   | N/A | Research    |

801 LEROY PI SOCORRO, NM 87801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(3) 23.153 IN/A Research UNIVERSITY OF GEORGIA 58-1353149 N/A 310 EAST CAMPUS RD ATHENS, GA 30602 NATIONAL BUREAU OF 13-1641075 501(C)(3) 22.067 N/A Research

ECONOMIC RESEARCH INC 1050 MASSACHUSETTS AVE CAMBRIDGE, MA 02138

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE FAMILIAL 45-4597425 501(C)(3) 21.940 N/A IN/A Research HYPERCHOLESTEROLEMIA 959 F WAI NUT ST

IN/A

Research

21.620

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PASADENA, CA 91106

NORTH CAROLINA STATE
UNIVERSITY

BOX 7214

RALEIGH, NC 27695

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CLEVELAND CLINIC 34-0714585 501(C)(3) 21.529 IN/A N/A Research

IN/A

N/A

Research

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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

| CLL VLD (IID CLI) IIC   |
|-------------------------|
| PO Box 931517           |
| CLEVALAND, OH 44193     |
| MOUNT SINAI MEDICAL CTR |

1 GUSTAVE L LEVY PI NY, NY 10029

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 33-0175263 501(C)(3) 18.572 N/A IN/A Research PLANETARY SCIENCE INSTITUTE 1700 F FT LOWELL Rd

TUCSON, AZ 85719 ST JUDE CHILDRENS RES 62-0646012 501(C)(3) 18.404 N/A IN/A Research HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1000 MEMPHIS, TN 38148

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-6000121 501(C)(3) 18.259 IN/A Research UNIV OF TEXAS AT N/A ARLINGTON

IN/A

N/A

Research

17.348

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOX 19136 ARLINGTON, TX 76019

UTAH STATE UNIVERSITY

1590 Old Main Hill LOGAN, UT 84322

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government THETC MEDICAL CENTED INC. 04 0400647 E01(C)(2) 47 34E INI/A NI/A Research

| LIDGINUS COLLEGE                      | 22 1177020 | E01(C)(3) | 16 706 | N/A  | N/A  | D        |
|---------------------------------------|------------|-----------|--------|------|------|----------|
| 800 WASHINGTON ST<br>BOSTON, MA 02111 | 04-3400617 | 501(C)(3) | 17,245 | IN/A | IN/A | Research |

COLLEGEVILLE, PA 19426

URSINUS COLLEGE 23-1177930 501(C)(3)| 16.7861 IN/A IN/A IResearch 601 FAST MAIL ST

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) DI ANNED DADENTHOOD LCE 04 2600407 E01(C)(2) 16 645 INI/A NI/A Dagage

| OF MA INC<br>1055 COMMONWEALTH Ave<br>BOSTON, MA 02215 | 04-2698497 | 501(C)(3) | 16,645 | IN/A | N/A | Kesearch |
|--|------------|-----------|--------|------|-----|----------|
| VIRGINIA POLYTECHNICAL<br>INSTITUTE                    | 54-6001805 | 501(C)(3) | 16,553 | N/A  | N/A | Research |

300 TURNER St BLACKSBURG, VA 24061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CHILDRENS NATIONAL 52-1640403 501(C)(3) 16,369 N/A N/A Research MEDICAL CENTED

| 801 ROEDER Rd<br>SILVER SPRING, MD 20910 |            |           |        |     |     |          |
|--|------------|-----------|--------|-----|-----|----------|
| COMMUNITIES IN SCHOOLS OF CAPE FEAR INC  | 20-3385755 | 501(C)(3) | 15,884 | N/A | N/A | Research |

PO BOX 398

WILMINGTON, NC 28402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) arch

IN/A

N/A

Research

| BUCKNELL UNIVERSITY<br>1 DENT DR<br>LEWISBURG, PA 17837 | 24-0772407 | 501(C)(3) | 15,169 | N/A | N/A | Resear |
|---|------------|-----------|--------|-----|-----|--------|
| LEWISDONG, TA 17057                                     |            |           |        |     |     |        |

94.365

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

DARTMOUTH COLLEGE

11 ROPE FERRY RD HANOVER, NH 03755

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-1137247 501(C)(3) 14.902 N/A IN/A Research SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE

1600 HOLLOWAY AVE SAN FRANCISCO, CA 94132

REGENTS OF THE UNIVERSITY 95-6006142 501(C)(3) 14,619 N/A N/A Research OF CALIFORNIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

900 UNIV Ave RIVERSIDE, CA 92521

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 04 0404000 E04(6)(3) 43 404

Research

N/A

| HERKEM KEHABILITATION | 04-2104298 | 501(C)(3) | 13,491 | IN/A | IN/A | Research |
|-----------------------|------------|-----------|--------|------|------|----------|
| CENTER                |            |           |        |      |      |          |
| 1200 CENTRE ST        |            |           |        |      |      |          |
| BOSTON, MA 02131      |            |           |        |      |      |          |
|                       |            |           |        |      |      |          |

12.582

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TOURO COLLEGE

500 SEVENTH AVE NEW YORK, NY 10018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-0923093 12,500 N/A Research PUBLISEZ INC N/A 27 DADIZ DI

Research

| BROOKLYN, NY 11217                  |            |           |        |     |     |
|-------------------------------------|------------|-----------|--------|-----|-----|
| RENSSELAER POLYTECHNIC<br>INSTITUTE | 14-1340095 | 501(C)(3) | 11,641 | N/A | N/A |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

110 8TH St TROY, NY 12180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 95-1816009 501(C)(3) 11.059 IN/A LOMA LINDA UNIVERSITY N/A Research 24887 TAYLOR St

24887 TAYLOR St LOMA LINDA, CA 92350

SAINT FRANCIS UNIVERSITY 25-1024358 501(C)(3) 11,010 N/A N/A Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

117 EVERGREEN DR LORETTO, PA 15940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

| TEMPLE UNIVERSITY<br>1852 N 10th St<br>PHILADELPHIA, PA 19122 | 23-1365971 | 501(C)(3) | 10,557 | N/A | N/A | Research |
|---|------------|-----------|--------|-----|-----|----------|
| BRIGHAM YOUNG UNIVERSITY                                      | 87-0217280 | 501(C)(3) | 10,514 | N/A | N/A | Research |

A-261 ASB PROVO, UT 84602

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 05-0258954 501(C)(3) 10.279 IN/A Research RHODE ISLAND HOSPITAL N/A ONE HOPPIN St PROVIDENCE, RI 02903

Research

10.238

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SPORTS AND ARTS IN

SCHOOLS FOUNDATION 58-12 QUEENS BLVD 1 WOODSIDE, NY 11377

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) NORTHWEST ARKANSAS 71-0780981 501(C)(3) 10.000 N/A IN/A Research CHILD CARE RESOURCE Research

614 F FMMA AVF SPRINGDALE, AR 72764 COLD SPRING HARBOR 11-2013303 501(C)(3) 9.899 N/A IN/A LABORATORY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 BUNGTOWN Rd

COLD SPRING HAR, NY 11724

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LINES /EDOTTS / OF I/ENTLICES / 61 6022602 E01/C1/21 0.606 INI/A NI/A Research

Research

N/A

| UNIVERSITY OF KENTUCKY | 61-6033693 | [ 501(C)(3)] | 9,686 | IN/A | IN/A | Kesearc |
|------------------------|------------|--------------|-------|------|------|---------|
| RESEARCH FNDT          |            |              |       |      |      |         |
| PO BOX 931113          |            |              |       |      |      |         |
| CLEVELAND, OH 44193    |            |              |       |      |      |         |
|                        |            |              |       |      |      |         |

9.454

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST JOHN'S UNIVERSITY

8000 UTOPIA PARKWAY OUEENS, NY 11439

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NATIONAL DEVELOPMENT 23-7009089 E01/C)/3) 7 097 IN/A Research

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N/A

| TO THE DEVELOT THE TENT | 23 / 00 3 00 3 | 301(0)(3) | ,,00, | 114/73 | <br>I Cocarcii |
|-------------------------|----------------|-----------|-------|--------|----------------|
| RESEARCH                |                |           |       |        |                |
| 71 W 23RD St            |                |           |       |        |                |
| NEW YORK, NY 10010      |                |           |       |        |                |
|                         |                |           |       |        |                |

7.004

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CHESTNUT HEALTH SYSTEMS

BLOOMINGTON, IL 61701

1003 MLK DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MILLENNIUM PROMISE 20-3042135 501(C)(3) 6.690 IN/A Research N/A ALLIANCE 475 RIVERSIDE DR

IN/A

Research

NEW YORK, NY 10115

5.941

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST BARNABAS MED CTR 94 OLD SHORT HILLS RD LIVINGSTON, NJ 07039

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HARBOR-UCLA RESEARCH & 95-2138184 501(C)(3) 5.020 N/A IN/A Research ED INST 1124 WEST CARSON ST TORRANCE, CA 90502 GATEWAY BEHAVIORAL 26-1406886 **GOVT** 88.310 N/A IN/A Research

HEALTH SERVICES 600 COASTAL VILLAGE Dr BRUNSWICK, GA 31520

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 92-0060128 GOVT 71.829 IN/A Research KOTZEBUE IRA COUNCIL N/A PO BOX 296 KOTZEBUE, AK 99752

DEPARTMENT OF THE 53-0196958 **GOVT** 21.104 N/A Research INTERIOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MS 271 NATIONAL CTR RESTON, VA 20192

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF LOUISIANA AT 72-6000820 **GOVT** 17.067 N/A IN/A Research LAFAYETTE

IN/A

Research

14.555

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 42570 LAFAYETTE, LA 70504 THE UNIVERSITY OF SOUTHERN MISSISSIPPI

118 COLLEGE DR HATTIESBURG, MS 39406

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-6004447 501(C)(3) 14,454 N/A IN/A Research CENTRAL MICHIGAN UNIVERSITY GRANT ACCOUNTING

MT PLEASANT, MI 48859 BOARD OF REGENTS OF THE 88-6000024 501(C)(3) 13.251 N/A IN/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Research NSHE 2601 ENTERPRISE RD RENO, NV 89557

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BRONX VAMC 23-7288797 GOVT 10.000 IN/A N/A Research

| 130 WEST KINGSBRIDGE<br>ROAD<br>BRONX, NY 10468 |  |  |  |  |
|---|--|--|--|--|

MANHATTAN, KS 66502

KANSAS STATE UNIVERSITY 48-0771751 501(C)(3) 7.437 N/A IN/A Research 2323 ANDERSON AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government OREGON UNIVERSITY SYSTEM 93-6001786 GOVT 7.034 IN/A N/A Research 1272 UNIVERSITY OF OREGON

IN/A

N/A

Research

27.130

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

EUGENE, OR 97403 IPAS INC

CHAPEL HILL, NC 26515

PO BOX 9990

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-3740434 501(C)(3) 7.500l IN/A 125TH STREET DISTRICT N/A Program Services

IN/A

N/A

Program Services

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

| MGMT ASN INC       |
|--------------------|
| 360 W 125TH ST     |
| NEW YORK, NY 10027 |
|                    |

AATS FOUNDATION

800 CUMMINGS CTR BEVERLY, MA 01915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-2213870 501(C)(3) 13.600 N/A IN/A AMERICAN ACADEMY OF Program Services NURSING 1000 VERMONT AVE NW WASHINGTON, DC 20005

IN/A

Program Services

12.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

13-5613797

AMERICAN HEART

ASSOCIATION 10 EAST 40TH ST NEW YORK, NY 10016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-5563393 501(C)(3) 12,500 N/A N/A AMERICAN JEWISH Program Services

| NEW YORK, NY 10022 |  |  |  |  |
|--------------------|--|--|--|--|
| 165 E 56TH St      |  |  |  |  |
| COMMITTEE          |  |  |  |  |

404 W 116TH St NEW YORK, NY 10027

27-3733512 9.400 N/A N/A ARTS AND MINDS INC. 501(C)(3) Program Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) ASSOCIATION TO BENEFIT 13-3303089 501(C)(3) 8.947 IN/A IN/A Program Services

|Program Services

N/A

|                    | <br>( - / ( - / ) |  | 1 - 7 |   |  |
|--------------------|-------------------|--|-------|---|--|
| CHILDREN           |                   |  |       |   |  |
| 419 EAST 86TH ST   |                   |  |       | 1 |  |
| NEW YORK, NY 10028 |                   |  |       |   |  |
|                    |                   |  |       |   |  |

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Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BREAST CANCER RSCH FOUND

28 W 44TH ST NEW YORK, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3419786 501(C)(3) 64.700 IN/A BROADWAY MALL ASSN N/A Program Services 2095 BROADWAY NEW YORK, NY 10023 13-5562185 501(C)(3) 13.000 N/A N/A Program Services

CATHOLIC CHARITIES COMMUNITTY SRVCS

1011 1ST Ave NEW YORK, NY 10022

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-6093337 501(C)(3) 15.000l N/A IN/A CEREBRAL PALSY Program Services FOUNDATION INC 3 COLUMBUS CIRCLE NEW YORK, NY 10019 CHILDRENS LEARNING CTR AT 13-4111840 501(C)(3) 13.000 N/A IN/A Program Services

MORNINGSIDE 90 LASALLE St NEW YORK, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3194659 501(C)(3) 9,528 N/A COLUMBIA GREENHOUSE N/A Program Services

| COLUMBIA UNIV PRESS                                    | 13-1623968 | 501(C)(3) | 67,232 | N/A | N/A | Program Services |
|--|------------|-----------|--------|-----|-----|------------------|
| NORSERY SCHOOL<br>404 W 116TH ST<br>NEW YORK, NY 10027 |            |           |        |     |     |                  |

61 W 62ND ST NEW YORK, NY 10023

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government COMMUNITY LEACUE OF THE 12 2564241 E01/C1/21 10 750 INI/A NI/A Services

IN/A

Program Services

| COMMUNITY LEAGUE OF THE | 13-2364241 | ] 501(C)(3)] | 10,750 | IN/A | N/A | priogrami se |
|-------------------------|------------|--------------|--------|------|-----|--------------|
| HEIGHTS INC             |            |              |        |      |     |              |
| 500 W 159TH ST          |            |              |        |      |     |              |
| NEW YORK, NY 10032      |            |              |        |      |     |              |

12.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

20-1048322

COPD FOUNDATION INC. 3300 PDL BLVD

CORAL GABLES, FL 33134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1039186 501(C)(3) 10.000 IN/A CRUTCHES 4 KIDS INC. N/A Program Services 459 COLUMBUS Ave

N/A

Program Services

13.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10024

DOMINICAN SUNDAY INC

175 W 107TH ST NEW YORK, NY 10025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-3593885 501(C)(3) 7.500 N/A IN/A Dominican Womens Program Services Development Center

519 W 189TH ST New York, NY 10040 FRIENDS OF COL 2ND SCHOOL 26-1146491 501(C)(3) 585.000 N/A IN/A Program Services FOR MATH SCI ENG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

603 W 115TH ST NEW YORK, NY 10025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 80-0790349 501(C)(3) 10.000 N/A GREATER HARLEM CHAMBER N/A Program Services

| HARBORING HEARTS GALA                 | 94-3433059 | 501(C)(3) | 20,000 | N/A | N/A | Program Services |
|---------------------------------------|------------|-----------|--------|-----|-----|------------------|
| 200A W 136TH ST<br>NEW YORK, NY 10030 |            |           |        |     |     |                  |
| OF COMMERCE CMTY FD                   |            |           |        |     |     |                  |

510 5TH Ave NEW YORK, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HADIEM LACDOSSE AND 45-1634118 501(C)(3) 10.100 IN/A N/A Program Services

IN/A

Program Services

N/A

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

| HANTEN FACIOSSE AND |  |
|---------------------|--|
| LEADERSHIP CORP     |  |
| 8 W 126TH St        |  |
| NEW YORK, NY 10027  |  |

36-4470186

HIGH JUMP

59 W NORTH BLVD CHICAGO, IL 60610

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-1844844 501(C)(3) 10.500 N/A IN/A HOLYROOD CHURCH IGLESIA Program Services SANTA CRUZ 715 W 179TH ST NEW YORK, NY 10033 INTL SOCIETY FOR DEV 64-0954919 501(C)(3) 10.500 N/A IN/A Program Services PSYCHOBIOLOGY

297 KINDERKAMACK RD ORADELL, NJ 07649

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1847137 501(C)(3) 35.000l IN/A LINCOLN CNTR N/A Program Services 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023

70 LINCOLN CENTER PLAZA
NEW YORK, NY 10023

LUPUS RESEARCH ALLIANCE 58-2492929 501(C)(3) 50,000
INC
275 MADISON Ave

NEW YORK, NY 10016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A N/A Program Services

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 39-6038248 501(C)(3) 20.000 N/A IN/A MADISON COMMUNITY Program Services FOUNDATION

111 NORTH FAIRCHILD ST MADISON, WI 53703 METROPOLITAN OPERA 13-1624087 501(C)(3) 50.000 N/A IN/A Program Services ASSOCIATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

30 LINCOLN CENTER PLZ NEW YORK, NY 10133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government MISSION HOSPICE AND HOME 94-2567162 501(C)(3) 15.000l N/A N/A Program Services

| CARE INC<br>1670 S AMPHLETT BLVD<br>SAN MATEO, CA 94402 |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |

NEW YORK, NY 10004

5.200 N/A MODERN LANGUAGE ASSN 13-5253530 501(C)(3) N/A Program Services 85 BROAD ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW YORK ACADEMY OF 13-1773640 E01/C)/3) 10 0001 IN/A Program Services

Program Services

| SCIENCES 250 GREENWICH ST NEW YORK, NY 10007 | 13-1773040 | 301(0)(3) | 10,000 | 17/0 | .,, | rrogram 3  |
|--|------------|-----------|--------|------|-----|------------|
| NEW YORK CITY CTR INC                        | 13-2867442 | 501(C)(3) | 25,000 | N/A  | N/A | Program Se |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK CITY CTR INC.

130 W 56TH ST NEW YORK, NY 10019

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-3160356 501(C)(3) 27.250 IN/A NY PRESBYTERIAN FUND INC N/A Program Services

N/A

Program Services

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10022

NEW YORK STEM CELL

20-2905531

NEW YORK STEM CELL FOUNDATION 619 W 54TH ST NEW YORK, NY 10019

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 13-3015230 501(C)(3) 25.000l IN/A NY PUBLIC RADIO N/A Program Services 160 VARICK ST

N/A

Program Services

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10013 ONE TO WORLD

307 SEVENTH Ave NEW YORK, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ram Services

IN/A

N/A

Program Services

| PALANTE HARLEM     | 80-0209989 | 501(C)(3) | 8,500 | N/A | N/A | Program |
|--------------------|------------|-----------|-------|-----|-----|---------|
| 1411 AMSTERDAM Ave |            |           |       |     |     |         |
| NEW YORK, NY 10027 |            |           |       |     |     |         |

60,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

13-4019464

PROJECT ALS

801 RIVERSIDE DR NEW YORK, NY 10032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-1198691 501(C)(3) 25.000 N/A IN/A ROCKLAND COUNTY PRIDE Program Services CENTER INC P O BOX 505 NYACK, NY 10960 SAMARITAN DAYTOP 11-2490500 501(C)(3) 7.500 N/A IN/A Program Services

FOUNDATION INC 13802 Queens Blvd Briarwood, NY 11435

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government SNACK & FRIENDS INC. 20-5934666 501(C)(3) 5.700 IN/A N/A Program Services 316 EAST 53RD ST

N/A

Program Services

17.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10022 ST MARYS EPISCOPAL

521 W 126TH ST NEW YORK, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 22-3052098 501(C)(3) 50.000 N/A IN/A THE ARNOLD P GOLD Program Services FOUNDATION 619 F PALISADE Ave EC. NJ 07632

IN/A

Program Services

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE BOARD OF TRUSTEES OF 91-0567740 501(C)(3) WHITMAN COLLEGE

345 BOYER Ave

WALLA WALLA, WA 99362

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE GALIEN FOUNDATION INC. 26-4549935 501(C)(3) 7.500l IN/A N/A Program Services 99 JOHN ST NEW YORK, NY 10038

N/A

Program Services

1,352,509

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

THE UCLA FOUNDATION

10920 WILSHIRE BLVD LOS ANGELAS, CA 90024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 94-2829914 501(C)(3) 15.000l N/A IN/A UNIV OF CA SAN FRANCISCO Program Services FOUNDATION 220 MONTGOMERY ST SAN FRANCISCO, CA 94104

IN/A

Program Services

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

UNIVERSITY OF WISCONSIN

FOUNDATION 1848 UNIVERSITY Ave MADISON, WI 53726

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WEST SIDE CENTER FOR 71-0908184 501(C)(3) 10.000 N/A IN/A Program Services COMMUNITY LIFE

| 263 W 86TH St<br>NEW YORK, NY 10024   |            |           |         |     |     |            |
|---------------------------------------|------------|-----------|---------|-----|-----|------------|
| American Museum of Natural<br>History | 13-6162659 | 501(C)(3) | 137,086 | N/A | N/A | Program Se |

NEW YORK, NY 10024

Services 79TH ST AT CENTRAL PARK W

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government m Services

| ANTI-DEFAMATION LEAGUE<br>605 3RD AVE<br>NEW YORK, NY 10158 | 13-2887439 | 501(C)(3) | 7,600  | N/A | N/A | Program Services |
|---|------------|-----------|--------|-----|-----|------------------|
| BARNARD COLLEGE   | 13-1628149 | 501(C)(3) | 71,344 | N/A | N/A | Program Services |

3009 BROADWAY NEW YORK, NY 10027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-3212867 501(C)(3) 6.750 N/A IN/A BROADWAY HOUSING Program Services COMMUNITIES 583 Riverside Dr

IN/A

Program Services

14.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

New York, NY 10031

CATHEDRAL CHURCH OF ST

1047 AMSteRDAM AVE NEW YORK, NY 10025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-1740451 501(C)(3) 57.203 IN/A FORDHAM UNIVERSITY N/A Program Services 140 W 62ND ST NEW YORK, NY 10023

IN/A

N/A

Program Services

63,400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

JAZZ AT LINCOLN CENTER INC

3 COLUMBUS CIRCLE NEW YORK, NY 10019

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-3329286 501(C)(3) 36,000 N/A N/A JCC ROCKLAND INC Program Services

| 450 W NYACK Rd<br>W NYACK, NY 10994 |            |           |        |     |     |                  |
|-------------------------------------|------------|-----------|--------|-----|-----|------------------|
| NEW YORK ACADEMY OF                 | 13-1656674 | 501(C)(3) | 22,197 | N/A | N/A | Program Services |

500 7TH Ave NEW YORK, NY 10018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 13-3127972 501(C)(3) 10.000 N/A IN/A NEW YORK COMMON PANTRY Program Services INC 275 MADISON Ave NEW YORK, NY 10016

IN/A

Program Services

12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

13-2972415

NORTHERN MANHATTAN

IMPROVEMENT CORPORATION 45 WADSWORTH Ave NEW YORK, NY 10033

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 14-1410842 501(C)(3) 4.222.609 N/A IN/A RESEARCH FOUNDATION FOR Program Services MENTAL HYGIENE

1051 RIVERSIDE DR NEW YORK, NY 10032 RICHARD TUCKER MUSIC 23-7431029 501(C)(3) 25.000 N/A IN/A Program Services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOUNDATION 1790 BROADWAY NEW YORK, NY 10019

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-1624202 501(C)(3) 376.634 IN/A TEACHERS COLLEGE N/A Program Services

IN/A

N/A

Program Services

150.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

| COLUMBIA UNIVERSITY   |
|-----------------------|
| 525 W 120TH ST BOX 30 |
| NEW YORK, NY 10027    |

13-2720369

VCS INC

77 S MAIN St NEW CITY, NY 10956

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 84-3462208 501(C)(3) 10.000 N/A IN/A WE ARE NOT AFRAID Program Services COMMUNITY RESOURCE CTR 521 W 126TH ST

IN/A

Program Services

100.028

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

521 W 126TH ST NEW YORK, NY 10027 WEST HARLEM

ENVIRONMENTAL ACTION INC 1854 AMSTERDAM Ave NEW YORK, NY 10031

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government YALE UNIVERSITY 06-0646973 501(C)(3) 1.246.629 IN/A N/A Program Services 157 CHURCH ST

N/A

Program Services

70.750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW HAVEN, CT 06510

1395 Lexington Ave New York, NY 10128 13-1624229

92nd Street Y

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Jewish Federation of Rockland 13-3268920 501(0)(3) 75 000 l IN/A IN/A Program Services

| 1/ 1/ 1/ 1/   | 12.1650627 | E01(C)(2) | 6 000   | 8178  | NI/A | <u> </u> |
|---|------------|-----------|---------|-------|------|----------|
| County<br>450 West Nyack Rd<br>West Nyack, NY 10994 |            |           |         |       |      |          |
| Detribit Caciación di Recitalia                     | 10 0100010 |           | , 5,555 | ''''' | 1 "  | 1        |

New York, NY 10021

I Program Services Keren Kayemeth Leisrael Inc 13-1659627 501(C)(3) 6,000 IN/A 42 East 69th St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Newport Festivals Foundation 27-4099544 501(C)(3) 25.000 IN/A N/A Program Services

| Inc               |  |
|-------------------|--|
| 74 Martin St Rear |  |
| Essex, MA 01929   |  |

New York, NY 10019

Essex, MA 01929

WNET 26-2810489 501(C)(3) 25,000 N/A N/A Program Services
825 Eighth Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) Knight First Amendment Inst 81-4759386 501(C)(3) 1,011,472 N/A IN/A Capital Contr at CU Columbia University Health 501(C)(3) 11,564,712 N/A Capital Contr 13-3948652 N/A Care Inc

| efil       | e GRAPHIC pr                                | int - DO NOT PROCESS  | As Filed Data           | a -  | DLN: 93                 | 49313   | 37006  | 391  |
|------------|---|---|-------------------------|--|-------------------------|---------|--------|------|
| Schedule J |   | Coi   | mpensati                | ion Information  | 0                       | MB No.  | 1545-0 | 0047 |
| (For       | n 990)                                      | For certain Officer   |                         | rustees, Key Employees, and Hig  | hest                    |         |        |      |
|            |   | ► Complete if the orga  |                         | ited Employees<br>ered "Yes" on Form 990, Part IV,                               | , line 23.              | 20      |        | )    |
| D          |   |   | ▶ Attach                | to Form 990.<br>instructions and the latest inform                               | <u> </u>                | Openi   |        |      |
| •          | tment of the Treasury<br>al Revenue Service | P do to <u>www.ms.gov</u>   | /10/11/990 10/          | mistractions and the latest miori  | nation:                 |         | ectio  |      |
|            | ne of the organiza                          |   |                         |  | Employer identifica     | tion nu | ımber  |      |
|            | THE CITY OF NEW YO                          | PRK   |                         |  | 13-5598093              |         |        |      |
| Pa         | rt I Questi                                 | ons Regarding Compensati  | on                      |  |                         |         | l      |      |
| <b>1</b> a |   |   |                         | the following to or for a person lister  |                         |         | Yes    | No   |
|            | 990, Part VII, S                            | ection A, line 1a. Complete Part II   | II to provide an        | y relevant information regarding thes  | se items.               |         |        |      |
|            |   | or charter travel   | <b>☑</b>                | Housing allowance or residence for   | •                       |         |        |      |
|            | _   | companions  | 님                       | Payments for business use of person  |                         |         |        |      |
|            |   | nification and gross-up payments  | ✓                       | Health or social club dues or initiation<br>Personal services (e.g., maid, chauf |                         |         |        |      |
|            | L Discretion                                | ary spending account  | <b>▼</b>                | Personal services (e.g., maid, chaur   | reur, cher)             |         |        |      |
| b          |   |   |                         | follow a written policy regarding pay<br>ve? If "No," complete Part III to expl  |                         | 1b      | Yes    |      |
| 2          |   |   |                         | or allowing expenses incurred by all<br>r, regarding the items checked on Lir    | 20.122                  | 2       | Yes    |      |
|            | directors, truste                           | es, officers, including the CEO/EX  | ecutive Director        | r, regarding the items checked on the  | le lar                  |         |        |      |
| 3          |   | if any, of the following the filing o<br>EO/Executive Director. Check all t |                         | d to establish the compensation of the   | ne                      |         |        |      |
|            |   |   |                         | CEO/Executive Director, but explain i  | n Part III.             |         |        |      |
|            | <b>✓</b> Compensa                           | ation committee   | П                       | Written employment contract  |                         |         |        |      |
|            |   | ent compensation consultant   | $\overline{\mathbf{Z}}$ | Compensation survey or study   |                         |         |        |      |
|            |   | of other organizations  | $\checkmark$            | Approval by the board or compensa  | tion committee          |         |        |      |
| 4          | During the year related organiza            |   | 90, Part VII, Se        | ction A, line 1a, with respect to the fi   | iling organization or a |         |        |      |
| а          | Receive a sever                             | ance payment or change-of-contro  | ol payment? .           |  |                         | 4a      |        | No   |
| b          |   | · ·   |                         | ified retirement plan?   |                         | 4b      |        | No   |
| c          |   |   |                         | nsation arrangement?   |                         | 4c      |        | No   |
|            | If "Yes" to any o                           | of lines 4a-c, list the persons and   | provide the app         | licable amounts for each item in Part  | : III.                  |         |        |      |
|            | Only 501(c)(3                               | ), 501(c)(4), and 501(c)(29) c  | raanizatione            | must complete lines 5-9  |                         |         |        |      |
| 5          |   |   | _                       | the organization pay or accrue any   |                         |         |        |      |
|            |   | ontingent on the revenues of:   |                         |  |                         |         |        |      |
| а          | The organization                            | 1?  |                         |  |                         | 5a      | Yes    |      |
| b          |   |   |                         |  |                         | 5b      |        | No   |
|            | •   | 5a or 5b, describe in Part III.   |                         |  |                         |         |        |      |
| 6          |   | ed on Form 990, Part VII, Section ontingent on the net earnings of:         | A, line 1a, did t       | the organization pay or accrue any   |                         |         |        |      |
| а          | The organization                            | 1?  |                         |  |                         | 6a      |        | No   |
| b          | , ,   |   |                         |  |                         | 6b      |        | No   |
| _          | •   | 6a or 6b, describe in Part III.   |                         |  |                         |         |        |      |
| 7          |   |   |                         | the organization provide any nonfixed<br>rt III                                  |                         | 7       | Yes    |      |
| 8          | subject to the in                           | nitial contract exception described   | in Regulations          | red pursuant to a contract that was<br>section 53.4958-4(a)(3)? If "Yes," de     |                         |         |        |      |
|            | ın Part III .     .                         |   |                         |  |                         | 8       |        | No   |
| 9          |   |   |                         | presumption procedure described in   |                         | 9       |        |      |
| For F      | Paperwork Redu                              | ction Act Notice, see the Instr   | uctions for Fo          | orm 990. Cat. No. 5  | 50053T Schedule         | (Forn   | 990)   | 2019 |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. |                       |  |   |                       |                                 |            |  |
|--|-----------------------|--|---|-----------------------|---------------------------------|------------|--|
| <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total   | al amount of          | Form 990, Part VII, S                                      | ection A, line 1a, a                      |                       |                                 |            |  |
| (A) Name and Title   | <b>(B)</b> B          | ( <b>B)</b> Breakdown of W-2 and/or 1099-MISC compensation |   |                       | ( <b>D)</b> Nontaxable benefits | columns    | (F)<br>Compensation in                                     |
|  | (i) Base<br>compensat | e (ii)<br>ion Bonus & incentive<br>compensation            | (iii) Other<br>reportable<br>compensation | deferred compensation |                                 | (B)(i)-(D) | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| See Additional Data Table  |                       |  |   | 1                     |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |
|  |                       |  |   |                       |                                 |            |  |

SUPPLEMENTAL COMPENSATION

INFORMATION

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. **Return Reference Explanation** 

FUNDRAISING OR ALUMNI EVENTS. AS WELL AS REPRESENTING THE UNIVERSITY AT AWARDS PRESENTATIONS OR OTHER CEREMONIES OR EVENTS. IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS, THE UNIVERSITY WILL PAY FOR SPOUSAL TRAVEL AS A REGULAR BUSINESS EXPENSE IF THE SPOUSAL TRAVEL SERVES A "BONA FIDE BUSINESS PURPOSE" OF THE UNIVERSITY. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A HOME ON THE UNIVERSITY'S CAMPUS WHICH IS FURNISHED AND MAINTAINED AT THE UNIVERSITY'S EXPENSE. THE PRESIDENT'S HOUSING HAS BEEN VALUED AT \$433,596 AND IS REPORTED AS A NON-TAXABLE BENEFIT. THE UNIVERSITY ALSO PROVIDES A CAR AND DRIVER TO BE USED BY THE PRESIDENT IN CONNECTION WITH HIS DUTIES. THE PRESIDENT IS RESPONSIBLE FOR ANY PERSONAL USE OF THE HOUSEHOLD STAFF OR CAR AND DRIVER AND OTHER PERSONAL EXPENSES. PERSONAL SERVICES OTHER REPORTABLE COMPENSATION INCLUDES \$6.726 IMPUTED TO DR. GOLDMAN WITH RESPECT TO PERSONAL USE OF A CAR AND DRIVER PROVIDED BY THE UNIVERSITY (SEE PART I, COLUMN (B)(III)). NOTE TO PART I, LINE 5A DR. DAVID SILVERS' COMPENSATION IS COMPRISED OF BASE COMPENSATION AND INCENTIVE COMPENSATION DETERMINED FROM HIS

PERFORMANCE OF, AND REVENUES FROM, CLINICAL DUTIES IN THE UNIVERSITY'S DERMATOPATHOLOGY PRACTICE WHERE HE IS THE DIRECTOR. AND IS SUBJECT TO A CAP FOR EACH ACADEMIC YEAR. NOTE TO PART I, LINE 7 NOTE TO PETER HOLLAND'S COMPENSATION THE ACTUAL AMOUNT EARNED DURING THE REPORTING PERIOD WAS \$2,923,886 FOR MR. HOLLAND. THE LARGER COMPENSATION FIGURE SHOWN IN COLUMN (E) INCLUDES DOUBLE REPORTING OF PREVIOUSLY REPORTED DEFERRED COMPENSATION THAT VESTED AND WAS PAID DURING THE REPORTING PERIOD. THE ACTUAL AMOUNT EARNED BY MR. HOLLAND IS CALCULATED BY SUBTRACTING COLUMN (F) FROM COLUMN (E). PAYMENT OF MR. HOLLAND'S PERFORMANCE BASED BONUS IS, IN EACH CASE, DEFERRED SUBJECT TO VESTING UPON CONTINUING SERVICE TO THE UNIVERSITY. COLUMNS (C) AND (E) INCLUDE DEFERRED COMPENSATION AWARDED DURING THE REPORTING PERIOD BUT SUBJECT TO FUTURE VESTING. NOTE TO LEE BOLLINGER'S COMPENSATION AMOUNTS FOR PRESIDENT BOLLINGER IN COLUMN (B)(II) INCLUDE PAYMENTS UNDER A PERFORMANCE-BASED BONUS AWARD. Generally with respect to the University's operations, this Form 990 covers the fiscal year period ending June 30, 2020 and reflects the start of the pandemic. In accordance with the Form 990 reporting requirements, compensation data is reported for the calendar year 2019 which does not include any pandemic related compensation adjustments. In response to the pandemic, the University took certain compensation-related expense management steps including a salary freeze and reduction of certain retirement benefits. These measures impacted the individuals listed on Schedule J beginning in calendar year 2020, which is not yet reportable. President Bollinger's cash compensation was reduced by approximately 15% for the calendar year 2020. Consistent with reporting requirements, These reductions will be reflected in the University's future Forms 990, NOTE TO DR. GOLDMAN'S COMPENSATION THE ACTUAL AMOUNT EARNED DURING THE REPORTING PERIOD WAS \$ 2,712,684 FOR DR. GOLDMAN. The University has agreed to provide Dr. Goldman with supplemental retirement income based on cumulative annual credits including amounts for achieving performance measures, subject to satisfying vesting conditions related to continuing services to the University. Column B(ii) includes previously reported deferred compensation that vested and was paid during the reporting period. These prior year amounts were reported on previous returns as deferred compensation and are accordingly reported in column (F). THE LARGER COMPENSATION FIGURE SHOWN IN COLUMN (E) INCLUDES DOUBLE REPORTING OF PREVIOUSLY REPORTED DEFERRED COMPENSATION THAT VESTED AND WAS PAID DURING THE REPORTING PERIOD, NOTE TO DR. SMITH'S, DR. LENKE'S, DR. RIEW'S, AND DR. LEHMAN'S COMPENSATION THE COMPENSATION OF DR. SMITH, DR. LENKE, DR. RIEW, & DR. LEHMAN IS SUPPORTED BY THEIR CLINICAL ACTIVITIES, GRANTS, AND SUPPORT FROM THE UNIVERSITY'S HOSPITAL AFFILIATES. UNIVERSITY'S HOSPITAL AFFILIATES. Schedule 1 (Form 990) 2019

NOTES TO PART I, LINE 1A FIRST CLASS OR CHARTER TRAVEL IN LIMITED CIRCUMSTANCES, CERTAIN INDIVIDUALS MAY TRAVEL FIRST CLASS WHEN THE

TRAVEL IS SUBSTANTIATED AS A REASONABLE EXPENSE TO SUPPORT THE MISSION OF THE UNIVERSITY. This is not considered taxable income to any individual. Any exceptions to the University's policy are subject to review and approval. TRAVEL FOR COMPANIONS IN CERTAIN CIRCUMSTANCES, THE SPOUSE OF THE PRESIDENT OR OF ANOTHER OFFICER OR KEY EMPLOYEE MAY TRAVEL FOR UNIVERSITY PURPOSES. EXAMPLES OF SUCH TRAVEL INCLUDE ATTENDANCE AT

Software ID:

**Software Version:** 

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

| (A) Name and Title                            |             | ( <b>B</b> ) Breakdown | of W-2 and/or 1099-MISC                   | C compensation                            | (C) Retirement and             | ( <b>D)</b> Nontaxable | (E) Total of columns | (F) Compensation in                                     |
|---|-------------|------------------------|---|---|--------------------------------|------------------------|----------------------|---|
|   |             | (i) Base Compensation  | (ii)<br>Bonus & incentive<br>compensation | (iii)<br>Other reportable<br>compensation | other deferred<br>compensation | benefits               | (B)(i)-(D)           | column (B)<br>reported as deferred or<br>prior Form 990 |
| 1LEE C BOLLINGER<br>PRESIDENT                 | (i)         | 1,554,198              | 700,000                                   | 0   | 42,355                         | 459,949                | 2,756,502            |   |
|   | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
| 1JANE E BOOTH<br>GENERAL COUNSEL              | (i)         | 798,511                | 0   | 0   | 42,355                         | 10,717                 | 851,583              |   |
| GENERAL COUNSEL                               | (ii)        | 0                      | 0   | 0   | 0                              | 0                      |                      |   |
| 2JEROME DAVIS                                 | (i)         | 458,703                | 0   | 0   | 42,355                         | 13,911                 | 514,969              |   |
| SECRETARY                                     | (ii)        | 0                      | 0   | 0   |                                | 0                      |                      |   |
| 3IRA KATZNELSON                               | (i)         | 531,582                | 0   | 53,395                                    | 42,355                         | 20,725                 | 648,057              |   |
| INTERIM PROVOST (AS OF 9/1/19)                | (ii)        | 0                      |   |   |                                |                        |                      |   |
| 4GERALD M ROSBERG                             | (i)         | 866,738                | 0   | 0   | 28,284                         | 22,899                 | 917,921              |   |
| SENIOR EXEC VICE<br>PRESIDENT                 | (ii)        | 0                      |   |   |                                |                        |                      |   |
| <b>5</b> ANNE R SULLIVAN                      | (i)         | 826,365                | 0   |   | 28,355                         | 17,581                 | 872,301              |   |
| EXECUTIVE VP FOR<br>FINANCE & IT              | (ii)        |                        |   |   |                                |                        |                      |   |
| 6AMELIA ALVERSON                              | (i)         | 785,128                | 0   | 0   | 28,355                         | 14,030                 | 827,513              |   |
| EXEC VP - UNIV<br>DVLP&ALUM RLTS              | (ii)        |                        |   |   |                                |                        | 027,313              |   |
| 7LEE GOLDMAN                                  | (i)         | 1,200,485              | 2 247 201                                 | 0<br>76,326                               | 500 355                        | 10.717                 | 4 143 084            | 1 420 40  |
| EXEC VP FOR HEALTH                            |             |                        | 2,347,201                                 | 76,326                                    | 508,355                        | 10,717                 | 4,143,084            | 1,430,40  |
|   | (ii)<br>(i) | 545,527                | 0   | 0   | 0                              | 0                      | 0                    |   |
| EXEC VP FACILITIES                            |             |                        |   | 48  | 28,355                         | 4,381                  | 578,311              |   |
|   | (ii)<br>(i) | 1,032,716              | 0   | 0   | 0                              | 0                      | 0                    |   |
| CEO & EXEC VP OF INV                          |             | 1,032,716              | 2,757,297                                 | 0   | 1,584,965                      | 85,014<br>             | 5,459,992            | 2,536,10  |
|   | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
| 10<br>RONALD ARTHUR LEHMAN                    | (i)         | 3,484,664              | 0   | 0   | 30,983                         | 33,397                 | 3,549,044            |   |
| FROI ESSON OF SONGERT                         | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
| 11<br>LAWRENCE GERALD LENKE                   | (i)         | 6,854,636              | 0   | 0   | 30,702                         | 29,269                 | 6,914,607            |   |
| PROFESSOR OF SURGERY                          | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
| 12KIEHYUN DANIEL RIEW<br>PROFESSOR OF SURGERY | (i)         | 4,163,116              | 0   | 0   | 30,843                         | 47,437                 | 4,241,396            |   |
|   | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
| 13DAVID N SILVERS<br>CLINICAL PROFESSOR       | (i)         | 2,991,337              | 1,379,349                                 | 0   | 38,789                         | 19,766                 | 4,429,241            |   |
|   | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
| 14CRAIG R SMITH<br>PROFESSOR OF SURGERY       | (i)         | 2,858,930              | 0   | 0   | 38,618                         | 21,409                 | 2,918,957            |   |
|   | (ii)        | 0                      | 0   | 0   | 0                              | 0                      | 0                    |   |
|   | (i)         | 806,854                | 0   | 41,146                                    | 28,355                         | 20,725                 | 897,080              |   |
|   | (ii)        | 0                      | n   | 0   |                                |                        | n                    |   |
| 16DAVID MADIGAN                               | (i)         | 514,217                | 0   | 72,498                                    | 28,355                         | 217,956                | 833,026              |   |
| EXEC VP-A&S (FORMER)                          |             |                        | -   | ,   | ,                              | ,                      | ,                    |   |

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Are there any lease arrangements that may result in private business use of bond-financed

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Supplemental Information on Tax-Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

OMB No. 1545-0047

DLN: 93493137006391

Open to Public

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Χ

Schedule K (Form 990) 2019

THE TRUSTEES OF COLUMBIA UNIVERSITY

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

IN THE CITY OF NEW YORK Part I Bond Issues 13-5598093

|    | (a) Issuer name  | (b) Issuer EIN                                  | (c) CUSIP #                     | (d) Date issued      | (e) Issue | price    | (f) Descrip              | tion of purpose               | (g) D | efeased  | beh  | ) On<br>alf of<br>suer |       | Pool<br>ncing |
|----|--|---|---------------------------------|----------------------|-----------|----------|--------------------------|-------------------------------|-------|----------|------|------------------------|-------|---------------|
|    |  |   |                                 |                      |           |          |                          |                               | Yes   | No       | Yes  | No No                  | Yes   | No            |
| A  | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2003A&B                | 14-6000293                                      | 649901R49                       | 03-05-2003           | 122,6     | 696,491  | FUND NEW QUA             | LIFIED PROJEC                 |       | X        | 103  | X                      | 103   | Х             |
| В  | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2009A                  | 14-6000293                                      | 649905DF0                       | 05-14-2009           | 117,0     | 000,000  | FUND NEW QUA             | NEW QUALIFIED PROJECTS        |       | Х        |      | Х                      |       | Х             |
| С  | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2011A                  | 14-6000293                                      | 649906AV6                       | 02-16-2011           | 312,:     | 102,192  | FUND NEW QUA             | LIFIED PROJEC                 | CTS   | Х        |      | Х                      |       | Х             |
| D  | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2012A                  | 14-6000293                                      | 649906F33                       | 06-07-2012           | 174,:     |          | REFUND 2008A<br>PROJECTS | UND 2008A & FUND NEW<br>JECTS |       | X        |      | Х                      |       | Х             |
| Pa | rt II Proceeds   | <u> </u>  |                                 | <u> </u>             |           |          |                          |                               | l e   |          |      | l                      |       |               |
|    |  |   |                                 |                      |           | A        |                          | В                             |       | <u> </u> |      |                        | D     |               |
| 1  | Amount of bonds retired  |   |                                 |                      |           | 87,775,  | ,000                     | 0                             |       | 45,000   | ,000 |                        | 25,0  | 05,000        |
| 2  | Amount of bonds legally defease                                    |   |                                 |                      |           |          | 0                        | 0                             |       |          | 0    |                        |       | C             |
| 3  | Total proceeds of issue  |   |                                 |                      |           | 123,718, | ,793                     | 117,067,254                   |       | 312,258  | ,392 |                        | 174,1 | 57,898        |
| 4  | Gross proceeds in reserve funds                                    |   |                                 |                      |           |          | o                        | 0                             |       |          | 0    |                        |       | C             |
| 5  | Capitalized interest from procee                                   | ds  |                                 |                      |           |          | 0                        | 0                             |       |          | 0    |                        |       | C             |
| 6  | Proceeds in refunding escrows .                                    |   |                                 |                      |           |          | 0                        | 0                             |       |          | 0    |                        |       | C             |
| 7  | Issuance costs from proceeds .                                     |   |                                 |                      |           | 802,     | ,880                     | 823,388                       |       | 1,678    | ,394 |                        | 7     | 738,570       |
| 8  | Credit enhancement from proced                                     | eds   |                                 |                      |           |          | 0                        | 0                             |       |          | 0    |                        |       | C             |
| 9  | Working capital expenditures fro                                   | om proceeds                                     |                                 |                      |           |          | 0                        | 0                             |       |          | 0    |                        |       | C             |
| 10 | Capital expenditures from proce                                    | eds   |                                 |                      |           | 122,097  | ,219                     | 115,269,253                   |       | 308,005  | ,990 |                        | 173,3 | 344,328       |
| 11 | Other spent proceeds   |   |                                 |                      |           | 818,     | ,694                     | 974,613                       |       | 2,574    | ,008 |                        |       | 75,000        |
| 12 | Other unspent proceeds   |   |                                 |                      |           |          | 0                        | 0                             |       |          | 0    |                        |       |               |
| 13 | Year of substantial completion .                                   |   |                                 |                      | 21        | 004      | 2                        | .009                          |       |          |      |                        |       |               |
|    |  |   |                                 |                      | Yes       | No       | Yes                      | No                            | Yes   | No       |      | Yes                    |       | No            |
| 14 | Were the bonds issued as part of bonds (or, if issued prior to 201 | of a current refunding<br>8, a current refundin | issue of tax-exemp<br>g issue)? | t                    |           | ×        |                          | Х                             |       | Х        |      |                        |       | Х             |
| 15 | Were the bonds issued as part or bonds (or, if issued prior to 201 | 8, an advance refund                            | ling issue)?                    |                      |           | х        |                          | X                             |       | Х        |      | Χ                      |       |               |
| 16 | Has the final allocation of procee                                 | eds been made? .                                |                                 |                      | Х         |          | X                        |                               | Χ     |          |      | Χ                      |       |               |
| 17 | Does the organization maintain proceeds?                           |   |                                 |                      | Х         |          | Х                        |                               | Х     |          |      | Х                      |       |               |
| Pa | rt Ⅲ Private Business Us   | e   |                                 |                      |           |          |                          |                               |       |          |      |                        |       |               |
|    |  |   |                                 |                      |           | A        |                          | В                             |       | C        |      |                        | D     |               |
|    |  |   |                                 |                      | Yes       | No       | Yes                      | No                            | Yes   | No       |      | Yes                    |       | No            |
| 1  | Was the organization a partner i                                   | ın a partnership, or a                          | member of an LLC,               | wnich owned property |           | v        | 1                        | Y                             |       |          |      |                        |       | Y             |

Cat. No. 50193E

Schedule K (Form 990) 2019

За

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Part IV

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C

Arbitrage

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Χ

No

Χ

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Page 2

No

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Yes

Χ

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Yes

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Schedule K (Form 990) 2019

D

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C

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate? . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Yes

No

Page 3

Χ

Yes

D

Nο

C

Nο

Yes

Χ

В

No

Yes

| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? |   | X |   | Х |   | Х |
|----|---|---|---|---|---|---|---|
| b  | Name of provider  | 0 |   | 0 |   | 0 |   |

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule K (Form 990) 2019

period?

Part VI

**Arbitrage** (Continued)

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

Return Reference

SCHEDULE K, PART II, LINE 3

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

| Return Reference                   | Explanation  |
|------------------------------------|--|
| SCHEDULE K, PART III,<br>LINES 4-5 | FOR ALL ISSUES, THE UNIVERSITY HAS ALLOCATED EQUITY INVESTED IN THE FINANCED PROPERTIES TO SOURCES OF PRIVATE BUSINESS USE, WITH THE EXCEPTION OF ISSUANCE COSTS, WITHIN THE REQUIRED TIME FRAME AND HAS CAREFULLY MANAGED THE TYPES OF ACTIVITIES CONDUCTED IN BOND-FINANCED FACILITIES. AS SUCH, THE UNIVERSITY HAS REPORTED 0% PRIVATE BUSINESS USE FOR THE SERIES 2003A&B, SERIES 2009A, SERIES 2011A, SERIES 2012A, SERIES 2015B, SERIES 2016A&B, SERIES 2017A&B, 2018A&B AND 2020A ISSUES ON SCHEDULE K. |

| Return Reference            | Explanation   |
|-----------------------------|---|
| SCHEDULE K, PART IV, LINE 2 | FOR ALL SERIES EXCEPT THE 2015A AND 2015B, THE BOND PROCEEDS ARE SLIGHTLY EXCEEDED BY THE TOTAL USES DUE TO EARNINGS IN THE CONSTRUCTION FUND HELD AT THE TRUSTEE. THE LATEST ARBITRAGE COMPUTATION FOR DASNY 2003A&B, 2009A, 2011A, 2012A, 2015A, 2015B, 2016A&B, 2017A&B AND 2018A&B WAS DECEMBER 31, 2019. |

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Are there any lease arrangements that may result in private business use of bond-financed

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K

(Form 990)

Department of the Treasury

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#### **Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

OMB No. 1545-0047

Χ

Schedule K (Form 990) 2019

DLN: 93493137006391

Open to Public

|        | rtment of the Treasury<br>nal Revenue Service                      | <b>⊳</b> G∂                                       | o to www.irs.gov/  | ► Attach to Form 990<br>Form990 for instructi |           | e latest | inform            | ation.             |               |             |            |     | oen to P<br>Inspecti   |       |               |
|--------|--|---|--|---|-----------|----------|-------------------|--------------------|---------------|-------------|------------|-----|------------------------|-------|---------------|
| Name   | e of the organization  |   | is in the interest of the inte |   | and th    |          | 01 111            |                    |               | Empl        | oyer ident |     |                        |       |               |
|        | TRUSTEES OF COLUMBIA UNIVER<br>HE CITY OF NEW YORK                 | STIA  |  |   |           |          |                   |                    |               | 13-5        | 598093     |     |                        |       |               |
| _      | rt I Bond Issues   |   |  |   |           |          |                   |                    |               |             |            |     |                        |       |               |
|        | (a) Issuer name  | (b) Issuer EIN                                    | (c) CUSIP #  | (d) Date issued                               | (e) Issue | price    | (f                | <b>)</b> Descripti | on of purpose | (g) D       | efeased    | beh | ) On<br>alf of<br>suer |       | Pool<br>ncing |
|        |  |   |  |   |           |          |                   |                    |               | Yes         | No         | Yes | No                     | Yes   | No            |
| A      | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2015A                  | 14-6000293  | 6499077D8  | 04-23-2015                                    | 125,0     | 006,199  | FUND I            | NEW QUAL           | IFIED PROJEC  | TS          | Х          |     | X                      |       | Х             |
| В      | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2015B                  | 14-6000293  | 64990BGH0  | 04-23-2015                                    | 56,2      | 240,112  | REFUN             | D DASNY :          | 2004B BONDS   |             | Х          |     | Х                      |       | Х             |
| С      | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2016A&B                | 14-6000293  | 64990BZK2  | 04-27-2016                                    | 491,5     | 547,535  | REFUN<br>PROJEC   |                    | AND FUND NE   | :W          | Х          |     | X                      |       | Х             |
| D      | DORMITORY AUTHORITY OF<br>STATE OF NEW YORK 2017A&B                | 14-6000293  | 64990CQE4  | 03-01-2017                                    | 240,9     | 921,142  | REFUN<br>PROJEC   |                    | ND FUND NEV   | v           | Х          |     | X                      |       | Х             |
| Pa     | rt II Proceeds   |   | ı  |   |           |          | •                 |                    |               | I           |            |     |                        |       |               |
|        |  |   |  |   | ,         | A        |                   |                    | 3             | ı           | С          |     |                        | D     |               |
| 1      | Amount of bonds retired  |   |  |   |           |          | 0                 |                    | 20,505,000    |             | 62,775,    | 000 |                        |       | 0             |
| 2      | Amount of bonds legally defease                                    |   |  |   |           |          | 0                 |                    | 0             |             |            | 0   |                        |       | 0             |
| 3      | Total proceeds of issue  |   |  |   |           | 125,006  | 5,199             |                    | 56,240,112    |             | 491,760,   | 973 |                        | 241,4 | 100,663       |
| 4      | Gross proceeds in reserve funds                                    |   |  |   |           |          | 0                 |                    | 0             |             |            | 0   |                        |       | 0             |
| 5      | Capitalized interest from procee  Proceeds in refunding escrows.   |   |  |   |           |          | 0                 |                    | 0             |             |            | 0   |                        |       | 0             |
| 6<br>7 | Issuance costs from proceeds .                                     |   |  |   |           | 400      | 0                 |                    | 0             |             | 1 201      | 0   |                        |       | 0             |
| 8      | Credit enhancement from proce                                      |   |  |   |           | 482      | 2,921             |                    | 239,228       |             | 1,304,     | 805 |                        | -     | 379,101       |
| 9      | Working capital expenditures from                                  |   |  |   |           |          | 0                 |                    | 0             |             |            | ۰   |                        |       | 0             |
| 10     | Capital expenditures from proce                                    |   |  |   |           | 124 474  | 4,474,161         |                    |               | 239,038,664 |            |     | <u> </u>               |       |               |
| 11     | Other spent proceeds   |   |  |   |           |          | 49,116 56,000,884 |                    |               |             | 251,417,   |     | · · ·                  |       |               |
| 12     | Other unspent proceeds   |   |  |   |           |          | 0                 |                    | 0             |             | 231,717,   | 0   |                        | 77,5  | 0             |
| 13     | Year of substantial completion .                                   |   |  |   |           |          |                   | 20                 | 07            |             |            | +   |                        |       |               |
|        |  |   |  |   | Yes       | No       | ,                 | Yes                | No            | Yes         | No         |     | Yes                    |       | No            |
| 14     | Were the bonds issued as part of bonds (or, if issued prior to 201 | of a current refunding<br>.8, a current refunding | issue of tax-exemp<br>g issue)?  | t<br>   |           | Х        |                   | Х                  |               | Х           |            |     | Х                      |       |               |
| 15     | Were the bonds issued as part of bonds (or, if issued prior to 201 | .8, an advance refund                             | ling issue)?   |   |           | х        |                   |                    | Х             |             | Х          |     |                        |       | Χ             |
| 16     | Has the final allocation of proce                                  | eds been made?                                    |  |   | Х         |          |                   | X                  |               | X           |            |     | Х                      |       |               |
| 17     | Does the organization maintain proceeds?                           | <u> </u>  |  |   | Х         |          |                   | Х                  |               | Х           |            |     | Х                      |       |               |
| Pa     | rt III Private Business Us   | se  |  |   |           |          |                   |                    |               |             |            |     |                        |       |               |
|        |  |   |  |   |           | A<br>Na  |                   |                    | No.           |             | C          | +   |                        | D     | No            |
| 1      | Was the organization a partner financed by tax-exempt bonds?       | in a partnership, or a                            | member of an LLC,  | which owned property                          | Yes       | X        |                   | Yes                | No<br>X       | Yes         | No<br>X    |     | Yes                    |       | No<br>X       |
|        | · · · · · · · · · · · · · · · · · · ·                              |   |  |   |           | t        |                   |                    |               |             | t          |     |                        |       |               |

Cat. No. 50193E

Schedule K (Form 990) 2019

За

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8a

Part IV

b

C

Arbitrage

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No

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Page 2

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Yes

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Schedule K (Form 990) 2019

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В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ Χ Χ Χ 

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Yes

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Yes

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If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b Χ Χ Χ Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ Χ Χ Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

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No

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Χ

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Yes

Χ

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Exception to rebate? . . . . . . . . .

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Term of hedge . . . . . . . . . Was the hedge superintegrated? . . . . . . Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Χ counsel to review any research agreements relating to the financed property?

| а | Were gross proceeds invested in a guaranteed investment contract (GIC)? |   | X |   | X |   |  |
|---|---|---|---|---|---|---|--|
| b | Name of provider  | 0 |   | 0 |   | 0 |  |

**Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Page 3

No

D

Χ

Yes

No

Χ

|    |   |   |   | Yes | No | Yes | No | Yes | No | Yes | No |
|----|---|---|---|-----|----|-----|----|-----|----|-----|----|
|    |   |   |   |     | A  |     | В  | Ç   |    |     | D  |
| Pa | rt V Procedures To Undertake Corrective Action  |   |   |     |    |     |    |     |    |     |    |
| 7  | Has the organization established written procedures to monitor the requirements of section 148? | Х |   |     | Х  |     | Х  |     |    | Х   |    |
| 6  | Were any gross proceeds invested beyond an available temporary period?                          |   | Х |     |    | X   |    | X   |    |     | X  |
| u  | the GIC satisfied?  |   |   |     |    |     |    |     |    |     |    |

Χ

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Was the regulatory safe harbor for establishing the fair market value of

Schedule K (Form 990) 2019

Arbitrage (Continued)

Part IV

Part VI

DLN: 93493137006391 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** THE TRUSTEES OF COLUMBIA UNIVERSITY 13-5598093

OMB No. 1545-0047

Open to Public

D

Inspection

IN THE CITY OF NEW YORK Part I **Bond Issues** (c) CUSIP # (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name behalf of financing issuer Yes No Yes No Yes No DORMITORY AUTHORITY OF 396.803.509 REFUND 2008A AND FUND NEW Χ 14-6000293 64990C6P1 05-16-2018 Χ STATE OF NEW YORK 2018A&B lprojects: Dormitory Authority of State of 14-6000293 64990GA85 03-19-2020 247,210,500 Fund New Projects Χ Χ

NEW YORK 2020A Part  ${f I}$ **Proceeds** Α В C 

2 3 399,034,697 247,210,500 

5 6 7 1,296,723 747,279 8

9 10 193,167,811 246,338,221 11 204,570,163 125,000 12 13 Yes No Yes No Yes No Yes No

Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . . . . . . . . Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ **Private Business Use** Part III Yes No Yes No Yes No Yes No

Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E

#### Schedule K (Form 990) 2019

counsel to review any research agreements relating to the financed property?

Exception to rebate? . . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х Χ 

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No

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Yes

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Schedule K (Form 990) 2019

Part IV

(GIC)?

period?

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

|   |     | 4  |  |
|---|-----|----|--|
|   | Yes | No |  |
| oss proceeds invested in a quaranteed investment contract |     | ., |  |

Х

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Yes

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Page 3

No

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Yes

| efile GRAPHIC                                   | print - DO N                         | OT PROCESS                          | As Fi                        | led Data -                   |                     |                                       |             |             | DL                   | N: 93           | 49313           | 7006391    |
|---|--------------------------------------|-------------------------------------|------------------------------|------------------------------|---------------------|---------------------------------------|-------------|-------------|----------------------|-----------------|-----------------|------------|
| Schedule L                                      |                                      | Trans                               | action                       | ns with l                    | ntereste            | d Person                              | s           |             |                      | 10              | 1B No. 1        | 545-0047   |
| Form 990 or 990-E                               | Z) ► Comple                          | ete if the organ                    | ization a                    | nswered "Ye                  | s" on Form 9        | 90, Part IV, lii                      | es 2!       | 5a, 2       | 5b, 26               | i,              | 20              | 10         |
|   |                                      |                                     | ▶ Attac                      | h to Form 99                 | 0 or Form 99        |                                       |             |             |                      |                 | <b>4</b> 0      | 17         |
| Department of the Treasunternal Revenue Service | **,                                  | Go to <u>www.irs</u>                | .gov/Fori                    | <u>m990</u> for inst         | ructions and        | the latest info                       | ormat       | ion.        |                      | •               | pen to<br>Inspe | Public     |
| Name of the organ                               | nization                             |                                     |                              |                              |                     |                                       | En          | ıploy       | er ide               | ntifica         | tion nu         |            |
| THE TRUSTEES OF CO                              |                                      | SITY                                |                              |                              |                     |                                       | 13-         | -5598       | 3093                 |                 |                 |            |
|   |                                      | nsactions (se                       |                              |                              |                     |                                       | (29)        | organ       | ization              |                 |                 |            |
|   | te if the organiz<br>Name of disqua  | ation answered                      |                              |                              |                     | r 25b, or Form 9<br>Ilified person an |             |             | rt V, lir<br>escript |                 |                 | Corrected? |
| 1 (a)   | ivaine or disqua                     | illieu person                       | (6)                          |                              | organization        | illied person an                      | "  <b>`</b> | •           | ansacti              |                 | Yes             |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       | -           |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       | +           |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
| 2 Enter the                                     |                                      |                                     |                              |                              | افادات              | ana dunina tha                        |             | ام          |                      |                 |                 |            |
| 2 Enter the ame 4958                            |                                      |                                     |                              |                              |                     | ons during the y                      | ear u<br>•  | naer<br>• • | _                    | i<br>\$ ——      |                 |            |
| 3 Enter the ame                                 | ount of tax, if ar                   | ny, on line 2, ab                   | ove, reimb                   | oursed by the o              | organization .      |                                       | •           |             | <b>&gt;</b> :        | \$              |                 |            |
|   |                                      | From Intere                         |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
| Comp<br>repor                                   | lete if the orgar<br>ted an amount ( | nization answere<br>on Form 990, Pa | ed "Yes" or<br>irt X. line 5 | n Form 990-EZ<br>5. 6. or 22 | , Part V, line 3    | 38a, or Form 99                       | 0, Par      | t IV,       | line 26              | ; or if         | he orgai        | nization   |
| (a) Name of                                     | (b) Relationsh                       | ip (c) Purpose                      | (d) Loan                     | to or from the               |                     | (f) Balance                           | (g)         |             | , (H                 |                 |                 | Written    |
| interested person                               | with organization                    | of loan                             | orga                         | nization?                    | principal<br>amount | due                                   | defa        | ult?        | Approv<br>boar       |                 | agre            | ement?     |
|   |                                      |                                     | То                           | From                         | -                   |                                       | Yes         | No          | comm<br>Yes          | ittee?<br>No    | Yes             | No         |
| 1)  | OFFICER                              | HOUSING                             | 10                           | From<br>X                    | 1,475,000           | 2,022,226                             |             | No          | Yes                  | NO              | Yes             | NO         |
| ÌOHN<br>COATSWORTH                              |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
| (2)   | OFFICER                              | HOUSING                             |                              | X                            | 525,000             | 575,911                               |             | No          | Yes                  |                 | Yes             |            |
| OHN<br>COATSWORTH                               |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
| (3)   | OFFICER                              | HOUSING                             |                              | X                            | 400,000             | 160,000                               |             | No          | Yes                  |                 | Yes             |            |
| DAVID MADIGAN                                   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
| otal  | <u> </u>                             | <u> </u>                            |                              |                              | <b>\$</b>           | 2,758,137                             |             |             |                      |                 |                 |            |
|   |                                      | nce Benefitir<br>anization ansv     |                              |                              |                     | line 27                               |             |             |                      |                 |                 |            |
| (a) Name of interes                             |                                      | ) Relationship i                    |                              |                              | of assistance       | ( <b>d)</b> Type o                    | f assis     | tance       | e (                  | ( <b>e)</b> Pui | pose of         | assistance |
|   | in                                   | terested person<br>organizatio      |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      | 2. garnzacio                        |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   | 1                                    |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |
|   |                                      |                                     |                              |                              |                     |                                       |             |             |                      |                 |                 |            |

|                                 | organization              |         |            | 1 C V C I I | acs. |
|---------------------------------|---------------------------|---------|------------|-------------|------|
|                                 |                           |         |            | Yes         | No   |
| (1) JILL S GOLDMAN              | SPOUSE OF KEY<br>EMPLOYEE | 134,712 | EMPLOYMENT |             | No   |
|                                 |                           |         |            |             |      |
|                                 |                           |         |            |             |      |
|                                 |                           |         |            |             |      |
|                                 |                           |         |            | 1           |      |
|                                 |                           |         |            | 1           |      |
| Part V Supplemental Information |                           |         |            |             |      |

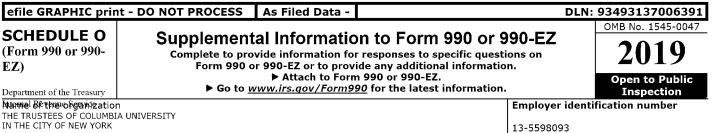
| Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). |   |   |  |  |   |  |  |  |  |  |
|---|---|---|--|--|---|--|--|--|--|--|
| Return Reference Explanation  |   |   |  |  |   |  |  |  |  |  |
| NOTES TO SCHEDULE L   | PERSON<br>UNIVER<br>DETERN<br>TO SIM<br>DIRECT<br>ABOUT | N. THE SPOUSE OF THE KI<br>SITY DURING THE REPOR<br>MINED IN ACCORDANCE W<br>ILARLY SITUATED EMPLO'<br>OR OF AN INTERESTED P<br>ANY TRANSACTION. SCHI | EY EMPLOYEE LISTED IN S<br>TING PERIOD. HER COMP<br>/ITH THE UNIVERSITY'S R<br>YEES. NO UNIVERSITY OF<br>ERSON PARTICIPATED IN<br>EDULE L, PART II THE LOA | ENTS BY THE UNIVERSITY TO THE INCHEDULE L WAS AN EMPLOYEE OF ENSATION REPORTED ON SCHEDULE EGULAR COMPENSATION PRACTICE FICIAL WHO WAS ALSO AN OFFICE OR INFLUENCED THE UNIVERSITY'S ANS REPORTED FOR JOHN COATSWITTIN A DETIMARY DESTRENCE. THE | THE LE L WAS LE APPLICABLE R OR LE DECISION DORTH IN PART |  |  |  |  |  |

REPORTED FOR DAVID MADIGAN IN PART II IS INTEREST BEARING AND WAS MADE IN CONNECTION WITH A PRIMARY RESIDENCE.

Schedule L (Form 990 or 990-EZ) 2019

DLN: 93493137006391 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 13-5598093 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . Intellectual property . . . 557 32,541,641 COST/SALES PRICE Securities—Publicly traded . Χ 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . **14** Oualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . Χ 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . . . 23 Scientific specimens . . . Archeological artifacts . . 25 Other ► ( EQUIPMENT ) 0 0 Χ olo **EVENT** TICKETS & Other ▶ ( FEES TRAVEL Χ Other ► ( CERTIFICATES ) 27 28 Other ▶ ( \_\_\_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions 10 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

| Schedule M (Form 990) (2019)                    | Page 2  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| is reporting in Part I, colu                    | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.  |  |  |  |  |  |  |  |  |  |  |
| Return Reference                                | Explanation   |  |  |  |  |  |  |  |  |  |  |
| PROCESS, OR SELL NONCASH                        | SCHEDULE M, PART I, LINE 32B THE UNIVERSITY USES THIRD PARTY INVESTMENT BROKERS TO SELL NONCASH CONTRIBUTED SECURITIES. THIRD PARTIES ARE NOT USED TO SOLICIT OR PROCESS ANY CONTRIBUTIONS.   |  |  |  |  |  |  |  |  |  |  |
| PROPERTY FOR WHICH REVENUES ARE<br>NOT REPORTED | SCHEDULE M, PART I, LINE 33 UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS NEED NOT BE RECOGNIZED AS REVENUES AND CAPITALIZED IF THE DONATED ITEMS ARE ADDED TO COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. BECAUSE THE UNIVERSITY UTILIZES CONTRIBUTIONS OF ART AND HISTORICAL TREASURES IN FURTHERANCE OF PUBLIC SERVICE, THESE CONTRIBUTIONS ARE NOT RECOGNIZED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES. IN ADDITION, MINOR GIFTS, SUCH AS FOOD OR SUPPLIES, ARE CONSIDERED DE MINIMIS. |  |  |  |  |  |  |  |  |  |  |
|   | SCHEDULE M, PART I, COLUMN (B) THE FIGURES IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.  |  |  |  |  |  |  |  |  |  |  |
|   | Schedule M (Form 990) (2019)  |  |  |  |  |  |  |  |  |  |  |



| Return<br>Reference      | Explanation  |
|--------------------------|--|
| SUPPLEMENTAL DISCLOSURES | FORM 990, PART I, LINE 4 AND PART VI, LINE 1B DETAIL REGARDING THE NUMBER OF INDEPENDENT V OTING MEMBERS THE UNIVERSITY'S PRESIDENT, A VOTING MEMBER OF THE BOARD, IS NOT COUNTED AS INDEPENDENT BECAUSE HE IS AN EMPLOYEE OF THE UNIVERSITY.  FORM 990, PART I, LINE 19 NOTE ON PANDEMIC IMPACT ON REVENUE AND EXPENSES Line 19 on page 1 of the Form 990, presents "Revenue less Expenses" totaling \$410 million. Notably, this includes realized investment returns not available for expendit ture in accordance with the endowment spending policy and applicable law, and does not inc lude other unrealized investment losses. The University's audited financial statements, prepared on a GAAP basis, present an operating income of \$165 million, a decrease from the prior year's operating income of \$223 million. Due to the emergence of COVID-19, the University experienced lost revenue in several areas. These losses were partially, but not completely, offset by active expense management activities that included a hiring freeze along with reductions in operating expenses and capital spending.  FORM 990, PART I, LINE 6 DETAIL REGARDING THE NUMBER OF VO LUNTEERS THE NUMBER SHOWN IS AN ESTIMATE OF ALUMNI VOLUNTEERS WHO WORK WITH THE UNIVERSITY'S CENTRAL ALUMNI OFFICE. ADDITIONAL VOLUNTEERS WORK IN MANY OF THE UNIVERSITY'S SCHOOLS, CENTERS AND OTHER PROGRAMS.  FORM 990, PART V, LINE 4B FOREIGN COUNTRY LIST ANGOLA BANGLADESH BRAZIL BURUNDI CAMEROON C HILE CHINA CONGO ETHIOPIA FRANCE GERMANY HAITI INDIA ITALY COTE D'IVOIRE (IVORY COAST) JAP AN JORDAN KAZAKHSTAN KENYA KYRGYZSTAN LESOTHO MALAWI MOZAMBIQUE MYANMAR NIGERIA RWANDA SIE RRA LEONE SOUTH AFRICA SOUTH SUDAN SWAZILAND TAJIKISTAN TANZANIA TUNISIA TURKEY UNITED KIN GDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES) UGANDA ZAMBIA ZIMBABWE  RELAND, SCOTLAND, AND WALES) UGANDA ZAMBIA ZIMBABWE  SOUTH STORM 990, PART V, LINES 15 & 16 EXCISE TAXES PER SECTION 4960 of the IRC and IRS Fi nal Regulations (TD 9938), excess remuneration is calculated based on the amounts paid dur ing the calendar |

| Return<br>Reference      | Explanation  |
|--------------------------|--|
| SUPPLEMENTAL DISCLOSURES | INDITION OF THIS CONTROL OF THE UNIVERSITY DETERMINED IT DOES NOT HAVE APPLICABLE ASSETS IN EXCESS OF \$500,000 PER STUDENT (ON A FULL TIME EQUIVALENT BASIS). THEREFO RE, THE UNIVERSITY HAS ANSWERD "NO" AS IT IS NOT SUBJECT TO THIS TAX.  ***TAYENDO OF ASSETS THE UNIVERSITY EMPLOYS A ROBUST SYSTEM OF INTERNAL CONTROLS, INCLUDING INTERNAL AUDIT, TO PREVENT AND IDENTIFY ANY DIVERSION OF ASSETS. THROUGH THESE PROCESSES, DURING THE TAX YEAR, THE UNIVERSITY DENTIFIED INSTANCES WHERE EMPLOYEES DIVERTED ASSETS TOTALING \$563,000. TWO UNRELATED INSTANCES REPRESENT 95% OF THIS AMOUNTS OVER TIME. IN BOTH CASES, THE REQUIRED SEGREGATION OF DUTIES DESIGNED TO PREVENT FRAUD WERE COMPROMISED BY EMPLOYEES, WHO WERE NOT INVOLVED IN THE FRAUD, SHARING PERSONAL CREDENTIALS OR A CREDIT CARD WITH ANOTHER EMPLOYEE, IN VIOLATION OF UNIVERSITY POLICY, WHO THEN PERFORMED INAPPROPRIATE TRANSACTIONS VER TERED TO LAW ENFORCEMENT, WHICH MAY RESULT IN RES TITUTION BEING MADE. THE UNIVERSITY POLICY, WHO THEN PERFORMED INAPPROPRIATE TRANSACTIONS WERE TERMINATED AND THESE MATTERS WERE REFERRED TO LAW ENFORCEMENT, WHICH MAY RESULT IN RES TITUTION BEING MADE. THE UNIVERSITY ROUTINELY INSTRUCTS EMPLOYEES NOT TO SHARE CREDENTIALS OR CREDIT CARDS, AND HAS INCREASED SYSTEMATIC CONTROLS SUCH AS MULTIFACTOR AUTHENTICATION. DEPARTMENTAL MONITORING PROCESSES OVER PURCHASES WERE ALSO ENHANCED. IN ADDITION, THE UNIVERSITY IDENTIFIED FOUR UNRELATED INSTANCES OF PERSONAL PURCHASES WERE ALSO ENHANCED. IN ADDITION, THE UNIVERSITY IDENTIFIED FOUR UNRELATED IN DISCIPLINE OR TERMINATION. SUCCH AMOUNTS WOULD NOT GEN ERALLY REQUIRE DISCLOSURE.  **FORM 990, PART VI, LINE 11B PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 A SUBCOMMITTEE COMPRISED OF MEMBERS OF THE TRUSTEES AT A MEETING ON MAY 5, 2021. THE FINAL FORM 990, PART VI, LINE 12C DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ALL TRUSTEES VIA A SECURE WEBSITE FROIR TO FILLING.  **FORM 990, PART VI, LINE 11B PROCESS OF THE PROTE OF AN ALL TRUSTEES OF COLUMNS AND EXPERI |

Return

| Reference                   | ·  |
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| SUPPLEMENTAL<br>DISCLOSURES | ACTIVITY. IN ADDITION, ALL TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE DISCLOSURES ARE REVIEWED FOR APPROPRIATE ACTION. ALL OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO THE "STATEMENT OF UNIVERSITY POLICY ON CONFLICTS OF INTEREST." WHEN AN OFFICER OR KEY EMPLOYEE BECOMES AWARE OF AN EXISTING OR POTENTIAL CONFLICT OF INTEREST, HE OR SHE HAS A DUTY TO: (A) DISCLOSE THE CIRCUMSTANCE TO HIS OR HER SUPERVIS OR, THE TRUSTEES OR OTHERS, AS APPROPRIATE; (B) REFRAIN FROM ACTING TO INFLUENCE ANY DECIS ION WHICH MIGHT IMPROPERLY BENEFIT THE OFFICER OR EMPLOYEE OR A FAMILY MEMBER; AND (C) REC USE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSION OR DECISIONS ABOUT THE POTENTI AL TRANSACTION OR ACTIVITY. IN ADDITION, ALL OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DI SCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THESE DISCLOSURES ARE REVIEWE D AND ANY DISCLOSURES THAT COULD GIVE RISE TO CONFLICTS AS IDENTIFIED THROUGH SUCH REVIEW ARE REPORTED TO AN APPROPRIATE SENIOR OFFICER. ANY SUBSTANTIVE CONCERNS ARE ALSO REPORTED TO THE CHAIR OF THE BOARD OF TRUSTEES. |

Explanation

| Return<br>Reference                                   | Explanation  |
|---|--|
| FORM 990,<br>PART PART<br>VI, LINES<br>15A AND<br>15B | COMPENSATION PROCESS THE UNIVERSITY FOLLOWS THE REVIEW PROCESS DESCRIBED BELOW FOR ALL OFF ICERS AND KEY EMPLOYEES. THIS PROCESS HAS BEEN IN PLACE SINCE AT LEAST 2000. THE COMPENSAT ION FOR THE ORGANIZATION'S PRESIDENT IS REVIEWED BY A COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES AND APPROVED BY THE INDEPENDENT TRUSTEES ON THE FULL BOARD. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES. IN CONNECTION WITH THE PRESIDENT'S COMPENSATION, THE COMPENSATION COMMITTEE AND THE BOARD REVIEW COMPARABILITY DATA AND MINUTES OF DELIBERATIONS ARE RECORDE D CONTEMPORANEOUSLY WITH ANY ACTION. WITH RESPECT TO OTHER OFFICERS AND KEY EMPLOYEES, THE COMMITTEE FOLLOWS THE SAME PROCESS FOR REVIEW OF COMPARABILITY DATA AND CONTEMPORANEOUS D OCUMENTATION OF ITS ACTIONS. IN THE CASE OF THE ORGANIZATION'S PRESIDENT AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES, THE COMMITTEE FOLLOWS THE SACTIONS. IN THE CASE OF THE ORGANIZATION'S PRESIDENT AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES, THE COMPENSATION COMMITTEE HAS ALSO CONSULTED WITH INDEPENDEN T COMPENSATION CONSULTANTS IN DETERMINING COMPENSATION. THE COMPENSATION OF THE PRESIDENT AND THE EXECUTIVE VICE PRESIDENT OF THE INVESTMENT MANAGEMENT COMPANY IS REVIEWED AND APPR OVED BY A COMPENSATION COMMITTEE OF THE INVESTMENT MANAGEMENT COMPANY IS REVIEWED AND APPR OVED BY A COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD MANAGERS. "IN DEPENDENT TRUSTEE" INDEPENDENT MEMBER' AS USED IN THIS FOOTNOTE MEANS WITHOUT A CONFLICT OF INTEREST WITHIN THE MEANING OF PARAGRAPH (c)(1)(iii) OF REGULATION 53.4958-6 OF THE BOARD MANAGERS. "IN DEPENDENT TRUSTEE" INDEPENDENT MEMBER' AS USED IN THIS FOOTNOTE MEANS WITHOUT A CONFLICT OF INTEREST WITHIN THE MEANING OF PARAGRAPH (c)(1)(iii) OF REGULATION 53.4958-6 OF THE INTERNAL REVENUE CODE. IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, PART VI, LINE 19 DOCUMENTS AVAILABILITY TO PUBLIC THE ORGANIZATION'S CHARTER AND THE "STATEMENT OF ORGANIZATION OF O |

| Return<br>Reference                                   | Explanation  |
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| FORM 990,<br>PART PART<br>VI, LINES<br>15A AND<br>15B | ENUE, NET OF PAYMENTS DUE TO THIRD PARTIES, IS RECORDED IN REVENUE FROM OTHER EDUCATIONAL AND RESEARCH ACTIVITIES" IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. COSTS INCURRED WITH DEVELOPING AND MAINTAINING THESE PATENTS ARE EXPENSED AS INCURRED SO THAT WHILE ROYALTIES ARE PAID TO FACULTY AND OTHERS IN CERTAIN CIRCUMSTANCES THESE AMOUNTS ARE NOT REFLECTED IN THE STATEMENT OF FUNCTIONAL EXPENSES. ——————————————————————————————————— |

| Return<br>Reference            | Explanation  |
|--------------------------------|--|
| FORM 990,<br>PART X,<br>LINE 7 | LOAN INFORMATION LOANS RECEIVABLE FROM STUDENTS TOTAL \$76,723,000. LOANS RECEIVABLE FROM NON-KEY EMPLOYEES TOTAL \$24,943,108. THE LOANS FROM NON-KEY EMPLOYEES HAVE VARIOUS INTEREST RATES RANGING FROM 1.01% TO 15.00%, WITH MATURITY DATES RANGING FROM 2020 THROUGH 2047. THE OUTSTANDING BALANCES RANGE FROM \$15,000 TO \$2,988,029 AND A PORTION OF WHICH ARE SECURED BY A PRINCIPAL RESIDENCE |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137006391 OMB No. 1545-0047 **SCHEDULE R** Related Organizations and Unrelated Partnerships 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 13-5598093 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I See Additional Data Table (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No

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Cat. No. 50135Y

Schedule R (Form 990) 2019

|              | <b>Identification of Related Organizations Taxable as a </b> one or more related organizations treated as a partnership | • | the organization | n answered | d "Yes" on | Form 990, | Part IV, line | 34, becau | use it had |
|--------------|---|---|------------------|------------|------------|-----------|---------------|-----------|------------|
| See Addition | nal Data Table  |   |                  |            |            |           |               |           |            |

| See Additional Data Table   |                      | 1                                 | 1   | 1      | 1  | 1  | 1  | 1       |                                    | 1   | 1 -      |          |   |  |                                |
|---|----------------------|-----------------------------------|---|--------|--|--|--|---------|------------------------------------|---|----------|----------|---|--|--------------------------------|
| (a)<br>Name, address, and EIN ol<br>related organization  | f                    | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | entity | Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of<br>total income                | (g)<br>Share of<br>end-of-year<br>assets | Disprop | h)<br>ortionate<br>otions?         | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? |          | General or<br>managing<br>partner?                      |  | (k)<br>Percentage<br>ownership |
|   |                      |                                   |   |        | 314)   |  |  | Yes     | No                                 | 1   | Yes      | No       |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          | П        |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  | -  |  |         | -                                  |   |          | $\vdash$ |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  | +  |  |         | 1                                  |   |          | $\vdash$ |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  | +  |  |         | +                                  |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
| because it had one or more related e Additional Data Table (a) Name, address, and EIN of related organization | (b) Primary activity | Le<br>dor<br>(state o             | (c) egal micile or foreign                    | Direct | (d)<br>controlling Typentity (C co   | (e)<br>e of entity<br>orp, S corp,<br>r trust) | <b>(f)</b><br>Share of total<br>income   |         | (g)<br>e of end-<br>year<br>assets | -of- Perce<br>owne  | ntage    | (13      | (i)<br>ction 512(l<br>3) controlle<br>entity?<br>(es No |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          | '        | ies No  |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          | $\perp$  |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |
|   |                      |                                   |   |        |  |  |  |         |                                    |   |          |          |   |  |                                |

No

Schedule R (Form 990) 2019

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| Par         | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                    |            |     |    |
|-------------|--|------------|-----|----|
|             | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |            | Yes | No |
| <b>1</b> Du | ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |     |    |
| а           | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a         |     | No |
| b           | Gift, grant, or capital contribution to related organization(s)  | <b>1</b> b | Yes |    |
| c           | Gift, grant, or capital contribution from related organization(s)  | 1c         |     | No |
| d           | Loans or loan guarantees to or for related organization(s)   | 1d         |     | No |

| b | Gift, grant, or capital contribution to related organization(s)            | 1b         | Yes |    |
|---|--|------------|-----|----|
| С | Gift, grant, or capital contribution from related organization(s)          | 1c         |     | No |
| d | Loans or loan guarantees to or for related organization(s)                 | 1d         |     | No |
| е | Loans or loan guarantees by related organization(s)                        | 1e         |     | No |
|   |  |            |     |    |
| f | Dividends from related organization(s)                                     | 1f         |     | No |
| g | Sale of assets to related organization(s)                                  | <b>1</b> g |     | No |
| h | Purchase of assets from related organization(s)                            | 1h         |     | No |
| i | Exchange of assets with related organization(s)                            | 1i         |     | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j         | Yes |    |

 ${f k}$  Lease of facilities, equipment, or other assets from related organization(s) . . . . . . . . . . . .

| <b>I</b> Perf | ormance of services or membership or fundraising solicitations for related organization(s) $\ldots$ $\ldots$          |                                  |                        |                                 | 11           | No |
|---------------|---|----------------------------------|------------------------|---------------------------------|--------------|----|
| <b>m</b> Perf | ormance of services or membership or fundraising solicitations by related organization(s)                             |                                  |                        |                                 | 1m           | No |
| <b>n</b> Sha  | ing of facilities, equipment, mailing lists, or other assets with related organization(s)                             |                                  |                        |                                 | 1n           | No |
| o Sha         | ring of paid employees with related organization(s)   |                                  |                        |                                 | 10           | No |
| <b>p</b> Rei  | nbursement paid to related organization(s) for expenses   |                                  |                        |                                 | 1p           | No |
| <b>q</b> Rei  | nbursement paid by related organization(s) for expenses   |                                  |                        |                                 | <b>1</b> q   | No |
| r Oth         | er transfer of cash or property to related organization(s)  |                                  |                        |                                 | 1r           | No |
| s Oth         | er transfer of cash or property from related organization(s)  |                                  |                        |                                 | 1s Ye        | 5  |
|               | e answer to any of the above is "Yes," see the instructions for information on who must complete this anal Data Table | ine, including covered           | relationships and tra  | nsaction thresholds.            |              |    |
|               | (a)<br>Name of related organization   | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining an | nount involv | ed |
|               |   |                                  |                        |                                 |              |    |
|               |   |                                  |                        |                                 |              |    |
|               |   |                                  | 1                      |                                 |              |    |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that

| (a)<br>Name, address, and EIN of entity | (a) (b) (c) address, and EIN of entity Primary activity Legal domicile |                                  |  | 1   | (e)<br>re all partners<br>section | (f)<br>Share of<br>total | (g)<br>Share of<br>end-of-year | of Disproprtionate allocations? |    | (i)<br>Code V-UBI<br>amount in box      | JBI General<br>box managir |      | (k)<br>Percentag<br>ownershi |  |          |  |  |
|---|--|----------------------------------|--|-----|-----------------------------------|--------------------------|--------------------------------|---------------------------------|----|---|----------------------------|------|------------------------------|--|----------|--|--|
|   |  | (state or<br>foreign<br>country) | income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | 0   | 501(c)(3)<br>rganizations?        | income                   | assets                         | unocations                      |    | 20<br>of Schedule<br>K-1<br>(Form 1065) | partner?                   |      | partner?                     |  | partner? |  |  |
|   |  |                                  | 514)   | Yes | No                                |                          | -                              | Yes                             | No |   | Yes                        | No   |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     |                                   |                          |                                |                                 |    |   |                            |      |                              |  |          |  |  |
|   |  |                                  |  |     | l                                 |                          |                                |                                 | 1  | Schodule                                | e R (Forn                  | n 00 | 0) 2010                      |  |          |  |  |

Schedule R (Form 990) 2019

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference Explanation

| SUPPLEMENTAL INFORMATION | SCHEDULE R COLUMBIA UNIVERSITY OWNS AN 81.57% INTEREST IN 2700 BROADWAY CONDOMINIUM, WHICH IS TREATED AS A CONDOMINIUM ASSOCIATION UNDER NEW YORK STATE LAW   |
|--------------------------|---|
|                          | DISREGARDED ENTITIES LISTED IN SCHEDULE R, PART I MAY HOLD VEHICLES, OFFICE EQUIPMENT AND RELATED ITEMS, THE VALUE OF WHICH IS INCLUDED IN  |
|                          | THE UNIVERSITY'S BALANCE SHEET IN PART X OF THIS FORM 990 BUT IS NOT REFLECTED IN COLUMN (E) END-OF-YEAR ASSETS   |
|                          |   |
|                          | MEMBER OF CIM I, LLC WHICH OWNS 100% OF THE SHARES ENTITLED TO THE INCOME AND ASSETS OF FPCM INFLATION-LINKED OPPORTUNITIES FUND,   |
|                          | LIMITED. TOTAL INCOME AND END-OF-YEAR ASSETS ATTRIBUTABLE TO CIM I, LLC REPRESENT A 100% SHARE OF TOTAL INCOME AND END-OF-YEAR ASSETS   |
|                          | ATTRIBUTABLE TO FPCM INFLATION-LINKED OPPORTUNITIES FUND, LIMITED AS REPORTED IN SCHEDULE R, PART IV. THE SHARES OWNED BY CIM I ARE NON-  |
|                          | VOTING SHARES SCHEDULE R, PART I, COLUMNS (D) AND (E) INCOME AND ASSETS ATTRIBUTABLE  |
|                          | TO CERTAIN DISREGARDED ENTITIES COLUMBIA UNIVERSITY IS THE SOLE MEMBER OF CIM V, LLC, WHICH IS THE SOLE MEMBER OF CONQUEST MANAGED  |
|                          | FUTURES SELECT FUND II, LLC. TOTAL INCOME AND END-OF-YEAR ASSETS ATTRIBUTABLE TO CIM V, LLC REPRESENT A 100% SHARE OF TOTAL INCOME AND  |
|                          | END-OF-YEAR ASSETS ATTRIBUTABLE TO CONQUEST MANAGED FUTURES SELECT FUND II, LLC, AS REPORTED IN SCHEDULE R, PART I  |
|                          | SCHEDULE R, PART IV CONSISTENT WITH GAAP, THE UNIVERSITY DOES NOT CONSOLIDATE THE ENTITIES LISTED IN PART IV  |
|                          | SCHEDULE R WHICH HAVE INVESTMENTS AS THEIR PRIMARY PURPOSE. THIS IS BECAUSE THE UNIVERSITY DOES NOT HAVE SUFFICIENT VOTING POWER WITH   |
|                          | RESPECT TO THESE ENTITIES TO SATISFY THE CONTROL TEST FOR CONSOLIDATION UNDER GAAP. THE AMOUNTS SHOWN IN SCHEDULE R, PART IV, COLUMN (G)  |
|                          | REFLECT THE UNIVERSITY'S SHARE OF THE NET ASSETS OF THESE ENTITIES FOR THE FISCAL YEAR REPORTING PERIOD WHICH, CONSISTENT WITH GAAP, IS   |
|                          | REFLECTED ON LINE 16 OF THE BALANCE SHEET IN PART X OF THIS FORM 990. SIMILARLY, THE UNIVERSITY'S SHARE OF ANY CURRENT INCOME AND REALIZED GAINS FROM THESE ENTITIES IS REFLECTED IN COLUMN (F) OF SCHEDULE R, PART IV AND ON THE STATEMENT OF REVENUE IN PART VIII. THESE ENTITIES |
|                          | EACH OPERATE ON A CALENDAR-YEAR BASIS, AND THE UNIVERSITY'S SHARE OF THE GROSS INCOME AND TOTAL ASSETS FOR EACH OF THESE ENTITIES FOR   |
|                          | THE CALENDAR YEAR ENDED DECEMBER 31, 2020 IS SET FORTH BELOW: ASM HUDSON RIVER FUND SHARE OF TOTAL (GROSS) INCOME: \$1,017,532 SHARE OF   |
|                          | END-OF-YEAR (GROSS) ASSETS: \$28,905,303 COLUMBIA/PATRON SCOTLAND LP SHARE OF TOTAL (GROSS) LOSS: (\$1,041,274) SHARE OF END-OF-YEAR  |
|                          | (GROSS) ASSETS: \$949,541 FPCM INFLATION-LINKED OPPORTUNITIES FUND, LTD SHARE OF TOTAL (GROSS) INCOME: \$31,497,467 SHARE OF END-OF-YEAR  |
|                          | (GROSS) ASSETS: \$742,754,878 HARBOUR LITIGATION INVESTMENT OFFSHORE SHARE OF TOTAL (GROSS) INCOME: \$0 SHARE OF END-OF-YEAR (GROSS)  |
|                          | ASSETS: \$1,570,789 NCH INVESTORS FUND (CU) CORP SHARE OF TOTAL (GROSS) LOSS: \$3,783 SHARE OF END-05-YEAR (GROSS) ASSETS: \$321,582  |
|                          | SCHEDULE R, PART IV AS OF JUNE 30, 2020, THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW   |
|                          | YORK HELD MORE THAN A 50% BENEFICIAL INTEREST IN 58 CHARITABLE REMAINDER TRUSTS DOMICILED IN NEW YORK AND 2 POOLED INCOME FUNDS   |
|                          | DOMICILED IN NEW YORK.  |
|                          |   |

Software ID: **Software Version:** 

**EIN:** 13-5598093

Name: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

| Form 990, Schedule R, Part I - Identification of Disregarded Entities                                      |                                |  |                            |                           |                                      |  |  |  |
|--|--------------------------------|--|----------------------------|---------------------------|--------------------------------------|--|--|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity   | <b>(b)</b><br>Primary Activity | (c)<br>Legal Domicile<br>(State<br>or Foreign Country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b> Direct Controlling Entity |  |  |  |
| COLUMBIA INVESTMENT MGT COMPANY LLC 615 WEST 131ST STREET MC8741 NEW YORK, NY 10027 13-5598093             | INVEST MGMT                    | NY   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CIM I LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901851                              | INVEST HOLDNG                  | DE   | 48,325,045                 | 281,217,195               | COLUMBIA                             |  |  |  |
| CIM II LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901854                             | INVEST HOLDNG                  | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CIM III LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901855                            | INVEST HOLDNG                  | DE   | -69,262                    | 3,264,031                 | COLUMBIA                             |  |  |  |
| CIM IV LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901856                             | INVEST HOLDING                 | DE   | 1,890,584                  | 30,840,315                | COLUMBIA                             |  |  |  |
| CIM V LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901861                              | INVEST HOLDNG                  | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CONQUEST MANAGED FUTURES SELECT FUND II 540 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10022 13-5598093        | INVESTMENTS                    | DE   | 0                          | 0                         | CIM V                                |  |  |  |
| CIM VI LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901857                             | INVEST HOLDNG                  | DE   | 38,369                     | 15,738,953                | COLUMBIA                             |  |  |  |
| CIM VII LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901858                            | INVEST HOLDING                 | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CIM VIII LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901859                           | INVEST HOLDNG                  | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CIM XII LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901864                            | INVEST HOLDNG                  | DE   | -9,394,586                 | 201                       | COLUMBIA                             |  |  |  |
| CIM XIII LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901865                           | INVEST HOLDNG                  | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CIM XIV LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3901866                            | INVEST HOLDNG                  | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| CIM XVII LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>14-1977498                           | INVEST HOLDNG                  | DE   | 0                          | 1,431,935                 | COLUMBIA                             |  |  |  |
| CIM XVIII LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>14-1977500                          | INVEST HOLDNG                  | DE   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| DYNAMO BRASIL VI LLC<br>1209 ORANGE STREET<br>WILMINGTON, DE 19801<br>13-5598093                           | INVESTMENTS                    | DE   | 0                          | 193,699,326               | COLUMBIA                             |  |  |  |
| COLUMBIA AFFILIATED PHYSICIANS IPA LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>26-2162648 | PHYSICNS PRAC                  | NY   | 1,203,123                  | 2,252,287                 | COLUMBIA                             |  |  |  |
| COLUMBIA DIGITAL KNOWLEDGE VENTURES LLC 615 WEST 131ST STREET MC8741 NEW YORK, NY 10027 06-1576880         | NEW MEDIA                      | NY   | 0                          | 0                         | COLUMBIA                             |  |  |  |
| HITHER PROPERTY LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>27-0201222                    | REAL ESTATE                    | DE   | 0                          | 2,196,179                 | COLUMBIA                             |  |  |  |
| CU GSAPP LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                           | EDUCATION                      | NY   | 0                          | 0                         | COLUMBIA                             |  |  |  |

Form 990, Schedule R, Part I - Identification of Disregarded Entities

| orm 990, Schedule R, Part I - Identification of Disregarded Entities   |                                |   |                     |                                     |                                      |  |  |  |
|--|--------------------------------|---|---------------------|-------------------------------------|--------------------------------------|--|--|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity   | <b>(b)</b><br>Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d)<br>Total income | <b>(e)</b><br>End-of-year<br>assets | <b>(f)</b> Direct Controlling Entity |  |  |  |
| ACCESS PROJECT LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                       | HEALTH RESCH                   | NY  | 0                   |                                     | COLUMBIA                             |  |  |  |
| MSPH LESOTHO LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                         | HEALTHCARE                     | NY  | 0                   | 385,370                             | COLUMBIA                             |  |  |  |
| MSPH MOZAMBIQUE LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                      | HEALTHCARE                     | NY  | 0                   | 909,236                             | COLUMBIA                             |  |  |  |
| MSPH NIGERIA LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                         | HEALTHCARE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| MSPH RWANDA LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                          | HEALTHCARE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| MSPH SOUTH AFRICA LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                    | HEALTHCARE                     | NY  | 0                   | 24,109                              | COLUMBIA                             |  |  |  |
| MSPH TANZANIA LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                        | HEALTHCARE                     | NY  | 0                   | 550,113                             | COLUMBIA                             |  |  |  |
| MSPH TAJIKISTAN LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                      | HEALTHCARE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| MSPH KG LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                              | HEALTHCARE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| COLUMBIA INT'L PROJECTS LLC (KENYA) 412 LOW MEMORIAL LIBRARY 535 W 116 NEW YORK, NY 10027 13-5598093         | EDUCATION                      | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| COLUMBIA GLOBAL CENTERS LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093              | EDUCATION                      | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| COLUMBIA GLOBAL RESEARCH INITIATIVES LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093 | EDUCATION                      | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| CU STUDIO LLC<br>615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-5598093                            | EDUCATION                      | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| AFFILIATED PHYSICIANS ORGANIZATION LLC<br>51 AUDUBON AVENUE<br>NEW YORK, NY 10032<br>82-1575764              | PHY PRCTC GRP                  | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| CU Global North LLC<br>535 West 116th Street MC 4308<br>NEW YORK, NY 10027                                   | SH VEHICLE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| Columbia Worldwide LLC<br>535 West 116th Street MC 4308<br>NEW YORK, NY 10027                                | SH VEHICLE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| CU Global West LLC<br>535 West 116th Street MC 4308<br>NEW YORK, NY 10027                                    | SH VEHICLE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| CU Global South LLC<br>535 West 116th Street MC 4308<br>NEW YORK, NY 10027                                   | SH VEHICLE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| Israel Global Center LLC<br>535 West 116th Street MC 4308<br>NEW YORK, NY 10027                              | SH VEHICLE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |
| CU Global East LLC<br>535 West 116th St MC 4308<br>NEW YORK, NY 10027  | SH VEHICLE                     | NY  | 0                   | 0                                   | COLUMBIA                             |  |  |  |

(a)
Name, address, and EIN (if applicable) of disregarded entity

(b)
Primary Activity

(c)
Legal Domicile
(State
(State
(State
(State)
Controlling
End-of-year
assets
Entity

Form 990, Schedule R, Part I - Identification of Disregarded Entities

NEW YORK, NY 10027

|                            |            | or Foreign Country) |   |   |          |
|----------------------------|------------|---------------------|---|---|----------|
| Tel Aviv Global Center LLC | SH VEHICLE | NY                  | 0 | 0 | COLUMBIA |

| Form 990, Schedule R, Part II - Identification of Related (a)    | (b)              | (c)                      | (d)                    | (e)                        | (f)                       | (0           | 9)   |
|--|------------------|--------------------------|------------------------|----------------------------|---------------------------|--------------|--|
| Name, address, and EIN of related organization                   | Primary activity | Legal domicile<br>(state | Exempt Code<br>section | Public charity<br>status   | Direct controlling entity | Section (b)( | n 512<br>(13)                                    |
|  |                  | or foreign country)      |                        | (if section 501(c)<br>(3)) |                           | contr        |  |
|  |                  |                          |                        |                            |                           | Yes          | No   |
|  | HEALTHCARE       | NY                       | 501(C)(3)              | 10                         | COLUMBIA                  | Yes          |  |
| 615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027               |                  |                          |                        |                            |                           |              |  |
| 13-3948652   | FUNDRAISING      | NY                       | 501(C)(3)              | 12A                        | NA                        |              | No   |
| 630 WEST 168TH STREET  |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10032<br>13-6162924                                 |                  |                          |                        |                            |                           |              |  |
| CAS WEST ASAST STREET MOST A                                     | BENEFITS SUPP    | NY                       | 501(C)(3)              | 12A                        | COLUMBIA                  | Yes          |  |
| 615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027<br>13-3800106 |                  |                          |                        |                            |                           |              |  |
| 13-3000100   | ACADEMIC PUB     | NY                       | 501(C)(3)              | 12A                        | COLUMBIA                  | Yes          |  |
| 615 WEST 131ST STREET MC8741                                     |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10027<br>13-1623968                                 |                  | 1                        |                        |                            |                           |              | <u> </u>   |
| AGEA DIVERGIBE DOTVE   | EDUC SUPPORT     | NY                       | 501(C)(3)              | 12A                        | NA                        |              | No   |
| 1051 RIVERSIDE DRIVE<br>NEW YORK, NY 10032                       |                  |                          |                        |                            |                           |              |  |
| 13-3118570   | CLINICAL EDUC    | NY                       | 501(C)(3)              | 12A                        | COLUMBIA                  | Yes          |  |
| 615 WEST 131ST STREET MC8741                                     |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10027<br>51-0192355                                 |                  |                          |                        |                            |                           |              |  |
| 615 WEST 1216T CTS-TT 1105 //                                    | EDU/CUL EXCH     | NY                       | 501(C)(3)              | 12A                        | COLUMBIA                  | Yes          |  |
| 615 WEST 131ST STREET MC8741<br>NEW YORK, NY 10027               |                  |                          |                        |                            |                           |              |  |
| 13-1611126   | EDUCATION        | FR                       | N/A                    | N/A                        | REID HALL                 | Yes          | <del>                                     </del> |
| 535 WEST 116TH STREET  |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10027   |                  |                          |                        |                            |                           |              |  |
|  | EDUCATION        | FR                       | N/A                    | N/A                        | REID HALL                 | Yes          |  |
| 4 RUE DE CHEVREUSE<br>PARIS 75006                                |                  |                          |                        |                            |                           |              |  |
| FR   | LIBRARY COLL     | NJ                       | 501(C)(3)              | 12A                        | NA                        |              | No   |
| 400 FORRESTAL ROAD   |                  |                          |                        |                            |                           |              |  |
| PRINCETON, NJ 08540<br>22-3751732                                |                  |                          |                        |                            |                           |              |  |
|  | EDUC SUPPORT     | DE                       | 501(C)(3)              | 12                         | NA                        |              | No   |
| 3225 GALLOWS RD<br>FAIRFAX, VA 22037                             |                  |                          |                        |                            |                           |              |  |
| 54-1962639   | EDUC SUPPORT     | MI                       | 501(C)(3)              | 12                         | NA                        |              | No   |
| 1275 AUDOBON AVENUE  |                  |                          |                        |                            |                           |              |  |
| GROSSE POINTE PK, MI 48230<br>38-3441481                         |                  |                          |                        |                            |                           |              |  |
|  | RESEARCH         | DR                       | N/A                    | N/A                        | CIP                       | Yes          |  |
| 2852 BROADWAY<br>NEW YORK, NY 10025                              |                  |                          |                        |                            |                           |              |  |
|  | HEALTHCARE       | ET                       | N/A                    | N/A                        | COLUMBIA                  | Yes          |  |
| KEBELE 06 H447 PO BX 664   |                  |                          |                        |                            |                           |              |  |
| ADDIS ABABA 1250<br>ET   |                  |                          |                        |                            |                           |              |  |
|  | RESEARCH         | IN                       | N/A                    | N/A                        | CGC LLC                   | Yes          |  |
| 630 W 168TH STREET<br>NEW YORK, NY 10032                         |                  |                          |                        |                            |                           |              |  |
|  | FUNDRAISING      | UK                       | N/A                    | N/A                        | COLUMBIA                  | Yes          | <del>                                     </del> |
| 615 WEST 131ST STREET MC8741                                     |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10027   |                  |                          |                        |                            |                           |              |  |
|  | FUNDRAISING      | НК                       | N/A                    | N/A                        | COLUMBIA                  | Yes          |  |
| GPO BOX 5314<br>CONNAUGHT PLACE                                  |                  |                          |                        |                            |                           |              |  |
| нк   | HEALTHCARE       | WZ                       | N/A                    | N/A                        | CIP                       | Yes          | <del>                                     </del> |
| 615 WEST 131ST STREET MC8741                                     |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10027   |                  |                          |                        |                            |                           |              | L  |
|  | RESEARCH         | CI                       | N/A                    | N/A                        | COLUMBIA                  | Yes          |  |
| AVDAG HAMMASKJOLD 32691ST FL<br>SANTIAGO                         |                  |                          |                        |                            |                           |              |  |
| CI   | HEALTHCARE       | DE                       | 501(C)(3)              | 12C                        | NA                        |              | No   |
| C/O 630 WEST 168TH STREET PS BOX                                 |                  |                          |                        |                            |                           |              |  |
| NEW YORK, NY 10032<br>33-1033330                                 |                  |                          |                        |                            |                           |              |  |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) Exempt Code (b) (f) (g) (c) (e) Name, address, and EIN of related organization Section 512 Primary activity Legal domicile Public charity Direct controlling (state section status entity (b)(13)(if section 501(c) or foreign country) controlled (3)) entity? Yes No FR COLUMBIA RESEARCH N/A N/A Yes 615 WEST 131ST STREET MC8741 NEW YORK, NY 10027 RESEARCH ΚE N/A N/A COLUMBIA Yes PO BOX 51412 NAIROBI 00100 ΚE EDUC SUPPORT JO N/A N/A COLUMBIA Yes 5 MOHD AL SAD AL-BATAYNEH STREET AMMAN 11814 JO HLTH/RESEARCH ΖI N/A N/A COLUMBIA Yes 39 Lawson Av 42 Bates St Harare ΖI EDUCATION BR N/A N/A STUDIOGSAPP Yes RUA MARIA EUGENIA 90301 RIO DE JANEIRO 22261 12A EDU/PMT EXPR NY 501(C)(3) COLUMBIA Yes 615 WEST 131ST STREET MC8741 NEW YORK, NY 10027 81-4759386 N/A RESEARCH DE N/A CIP Yes 15 Avenue de Carthage Tunis TS COLUMBIA RESEARCH DE N/A N/A Yes 2711 Centerville Road Suite 400 WILMINGTON, DE 19808 RESEARCH DE CIP N/A N/A Yes 2711 CENTERVILLE RD SUITE 4 WILMINGTON, DE 19808

DE

ΝI

N/A

N/A

IN/A

N/A

CIP

CIP

Yes

Yes

RESEARCH

RESEARCH

2711 Centerville Road Suite 400 WILMINGTON, DE 19808

PLOT 817 CADASTRAL ZONE B04

JABI DISTRICT, ABUJA

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General (d) Legal (f) (g) Disproprtionate (k) (a) (b) Predominant Domicile Direct Share of total Share of end-ofor allocations? Percentage Name, address, and EIN of Primary activity income(related. Code V-UBI amount in Controlling Managing (State income year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No MERIT ENGY PTR V LP INVESTMENTS TX COLUMBIA EXCLUDED -145,609 3,771,570 No No 99.209 % 13727 NOEL RD DALLAS, TX 75240 75-2411038 GCM GRSVNR BLUE LP INVESTMENTS DE COLUMBIA EXCLUDED 1,302,441 25,036,001 No 0 Νo 99.235 % 767 FIFTH AVE NEW YORK, NY 10010 30-0773582 Q INDIA EQTY FD LTD INVESTMENTS MP COLUMBIA EXCLUDED 3,167,334 124,938,690 No 0 No 70.108 % 118 ST JEAN RD QUATRE BORNE MΡ 98-0494924 CANAAN RSC PTRS DRL INVESTMENTS OK COLUMBIA **EXCLUDED** 22,450,280 127,643,526 Νo No 99.000 % 1101 N Broadway OKC, OK 73103 36-4777388 STAR ASIA OP FD III INVESTMENTS HK COLUMBIA EXCLUDED 228,573 179,341,254 No 0 No 98.765 % 125 Gaither Dr Mount Laurel, NJ 08054 98-1291896 Calunius Lit Risk INVESTMENTS GK COLUMBIA EXCLUDED 0 7,295,418 Νo 0 Νo 75.608 % PO 656 Trafalgar Ct Les Banques ST PETER PORT GK GY1 3P GΚ 98-0684876 -3,957,727 5,309,949 Calunius Lit Risk 2 **INVESTMENTS** COLUMBIA **EXCLUDED** 0 GΚ Νo No 60.120 % PO 656 Trafalgar Ct Les ST PETER PORT GK GY1 3P GΚ 98-1162651 -4,315,347 18,219,724 0 Calunius Lit Risk 3 INVESTMENTS GΚ COLUMBIA **EXCLUDED** 63.213 % Νo PO 656 Trafalgar Ct Les Banques ST PETER PORT GK GY1 3P 98-1336667 OFS SSMH CI INVESTMENTS DE COLUMBIA UNRELATED -4,820,434 1.353.859 -4.904.182 100.000 % No No 6363 WOODWAY DR

-4,685,019

97,606,762

No

0

No

99.867 %

HOUSTON, TX 77057 83-0826131

Investors

84-2015871

1 First St STE 13 LOS ALTOS, CA 94022

Strategy Capital Institutional INVESTMENTS

CA

COLUMBIA

EXCLUDED

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (g) (h) (i) (a) (e) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile (C corp, S corp, entity income assets ownership (b)(13)(state or foreign or trust) controlled country) entity? Yes No 16 EAST 60TH STREET CORPORATION REAL ESTATE NY COLUMBIA C-CORP 0 0 100.000 % Yes 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027 13-3675222 2301 12TH AVENUE OWNERS CORP REAL ESTATE NY COLUMBIA C-CORP 0 0 100.000 % Yes 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027 99-1786950 COLUMBIA PRESBYTERIAN IPA PHYS PRACTICE NY COLUMBIA C-CORP 0 100.000 % Yes 161 FORT WASHINGTON AVE SUITE 132 NEW YORK, NY 10032 13-3396165 FATHOM KNOWLEDGE NETWORK INC NEW MEDIA DE COLUMBIA C-CORP 0 0 100.000 % Yes 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027 13-4054997 FREEZER BOX INC REAL ESTATE NY COLUMBIA C-CORP 0 0 100.000 % Yes 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027 99-1596696 REAL ESTATE COLUMBIA C-CORP MORNINGSIDE INC NY 0 0 100.000 % Yes 311 LOW MEMORIAL LIBRARY NEW YORK, NY 10027 06-1430120 COLUMBIA DOCTORS OF NEW JERSEY HEALTHCARE NJ COLUMBIA C-CORP 3,565,155 632,792 100.000 % Yes 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027 26-4364931 BEIJING DE GA INTRNTL CONSULTING CTR **IEDUCATION** CH COLUMBIA FOREIGN CORP 112,452 100.000 % Yes TOWERA TSINGHUA SCIENCEPARK CHENGFURD, HAIDIAN 100084 CJ COLUMBIA REG MUTUAL ASM HUDSON RIVER FUND INVESTMENTS 2,058,430 18,966,318 100.000 % Yes FUND WALKER HSE87 MARY ST GEORGE TOWN, GRD CAYMAN KY1-9002 CJ COLUMBIAPATRON SCOTLAND LP INVESTMENTS UK COLUMBIA FOREIGN CORP 928,865 100,000 % Yes 50 LOTHIAN RD FESTIVAL SQ EDINBURGH, SCOTLAND EH3 9BY UK FPCM INFLATION LINKED OPPORTUNITIES INVESTMENTS CJ COLUMBIA FOREIGN CORP 281,217,195 100.000 % Yes LTD WALKER HSE87 MARY ST GEORGE TOWN, GRD CAYMAN KY1-9002 HARBOUR LITIGATION INVEST OFFSHORE INVESTMENTS CJ COLUMBIA FOREIGN CORP 0 2,352,366 100.000 % Yes **FUND** PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 98-0660716 NCH INVESTORS FUND (CU) CORP INVESTMENTS CJ COLUMBIA FOREIGN CORP 0 170,629 100.000 % Yes UGLANDS CHURCHPO309 GEORGE TOWN, GD CAYMAN KY1-1104 NY COLUMBIA TRUST CHARITABLE REMAINDER TRUSTS (58) N/A 0 0

POOLED INCOME FUNDS (2)

N/A

NY

COLUMBIA

TRUST

0

0

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (g) (h) (i) Lègal Direct controlling Name, address, and EIN of Primary activity Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile (C corp, S corp, entity income assets ownership (b)(13)(state or foreign or trust) controlled country) entity? Yes No CENTERS FOR INTERNATIONAL PROGRAMS | PROGRAM SRVCS DE COLUMBIA C-CORP n 1,265,355 100.000 % Yes 535 WEST 116TH STREET NEW YORK, NY 10027 13-5598093 GLOBAL HEALTH RESEARCH CNTR-CE PROGRAM SRVCS DE COLUMBIA C-CORP 0 95,838 100.000 % Yes 1255 AMSTERDAM AVENUE NEW YORK, NY 10027 ASSOCIAÇÃO COLUMBIA GLOBAL PROGRAM SRVCS BR CGC LLC N/A 0 175,289 100.000 % Yes CENTERBRASIL RUA DA CANDELARIA 9 30 ANDAR CNT RIO DE JANEIRO BR NY UNIVERSITY WOMEN'S REALTY REAL ESTATE COLUMBIA C-CORP 0 100.000 % Yes CORPORATION 408 LOW MEMORIAL LIBRARY MC 4336 NEW YORK, NY 10025 13-2524803 NJ COLUMBIA DOCTORS OF BERGEN COUNTY HEALTHCARE COLUMBIA C-CORP 2,806,559 722,856 100.000 % Yes 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027 47-3568473 COLUMBIA GLOBAL DANISMANLIK VE TU PROGRAM SRVCS COLUMBIA FOREIGN CORP 11,038 0 100.000 % Yes **ARASTIRMA** MECIDITE MAH MAVI SARAY 37/7 SARIYER COLUMBIA RESEARCH AND CONSULTANCY PROGRAM SRVCS IN CU INT'L PRJCTS FOREIGN CORP 0 99.000 % Yes **SRVCS** EXPRESS TOWERS 11TH FL NARIMAN PT MUMBAI 400021 IN COLUMBIA RADIOLOGY INC HEALTHCARE NY COLUMBIA C-CORP 0 0 100.000 % Yes

СТ

CJ

CJ

CJ

COLUMBIA

COLUMBIA

STAR ASIA III

COLUMBIA

C-CORP

FOREIGN CORP

FOREIGN CORP

FOREIGN CORP

1,858,375

17,888,348

910,180

Ω

365,676

6,280,000

126,441,214

25,221,174

100.000 %

83.391 %

78.546 %

100.000 %

Yes

Yes

Yes

Yes

630 W 168TH ST NEW YORK, NY 10032 47-5288953

630 W 168TH ST NUM 2-460 NEW YORK, NY 10032 82-4894259

GRAND CAYMAN KY1-1104 CJ

CAYMAN BAY, GRAND CAYMAN

PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104

Star Asia Capital Corp Ltd

BLC Energy Fund B LP

PO BOX 309

89 Nexus Way

CJ 98-0525454 CIM (CAYMAN) LLC

C1

COLUMBIA DOCTORS OF CONNECTICUT PC | HEALTHCARE

98-1458232

INVESTMENTS

INVESTMENTS

INVESTMENTS

(b) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) 9,711,301 ASM HUDSON RIVER FUND S FMV FMV CANAAN RESOURCE PARTNERS DRILLING FUND LP В 13,000,000 CANAAN RESOURCE PARTNERS DRILLING FUND LP 28,500,000 FMV s **FMV** GCM GROSVENOR BLUE LP Ь 81,026 GCM GROSVENOR BLUE LP S 9,521,114 FMV FMV MERIT ENERGY PARTNERS V LP S 990,000 OFS SSMH CI LP 58,824 FMV b Star Asia Opportunity Fund III S 18,582,998 FMV Calunius Litigation Risk Fund 3 LP В 2,521,355 **FMV** BLC Energy Fund B LP FMV S 3,754,156 Strategy Capital Institutional Investors LP В 100,000,000 FMV FMV KNIGHT FIRST AMDMT INST AT COLUMBIA В 1,011,472

S

В

386,197

11,564,712

FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

REID HALL INC

COLUMBIA UNIVERSITY HEALTH CARE INC