Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [X] an amended return/report
- [X] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 06/30/1974

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

615 WEST 131ST STREET
STUDEBAKER, 4TH FLOOR
NEW YORK, NY 10027-7922

2b Employer Identification Number (EIN) 13-5598093

2c Plan Sponsor's telephone number 212-851-7000

2d Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/18/2024	DANIEL DRISCOLL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

COLUMBIA UNIVERSITY VICE PRESIDENT OF HUMAN RESOURCES

615 WEST 131ST STREET
NEW YORK, NY 10027-7922

3b Administrator's EIN
13-2855235

3c Administrator's telephone number
212-851-7000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	4318
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1067
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1H 2H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	100433	1275	07/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	31659159
c	Additions: (1) Contributions deposited during the year	7c(1)	139064		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	554565		
	(4) Transferred from separate account	7c(4)	1602489		
	(5) Other (specify below)	7c(5)	14880		
	▶ PLAN SERVICE CREDIT AND OTHER RECEIPTS				
	(6) Total additions			7c(6)	2310998
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	33970157
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	620281		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	1631986		
	(4) Other (specify below)	7e(4)	31717890		
	▶ FEES, OTHER DEDUCTIONS, AND TRANSFERRED TO NEW PLAN				
	(5) Total deductions			7e(5)	33970157
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	2-21838	154	07/01/2021	06/22/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	1666903
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ▶ SINGLE PREMIUM GROUP ANNUITY CONTRACT WITH BOTH IMMEDIATE AND DEFERRED LIVES

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2021

2 Assets:

a Market value	**2a**	2538131
b Actuarial value	**2b**	2538131

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	164	1444494	1444494
b For terminated vested participants	5	26790	26790
c For active participants	1	298	298
d Total	170	1471582	1471582

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.28 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	98700
c Total (line 6a + line 6b)	**6c**	98700

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

03/15/2023
Date

AMY ELIZABETH AYRES, F.S.A., E.A.
Type or print name of actuary

20-06594
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3662
Telephone number (including area code)

200 LIBERTY STREET
NEW YORK, NY 10281
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1532134	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	82400	0
9	Amount remaining (line 7 minus line 8)	1449734	0
10	Interest on line 9 using prior year's actual return of -2.47 %	-35808	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.95 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	53061	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1360865	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	172.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	173.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	98700
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	98700

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	98700	0	98700

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	256863	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PRICEWATERHOUSECOOPERS

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	42712	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

THE VANGUARD GROUP, INC

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	32409	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CBIZ RETIREMENT PLAN SERVICES

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	13656	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51	TRUSTEE	4934	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
13-5598093

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD CUSTOM BB/B EX144A

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3508891-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG U.S. CREDIT INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-146	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG U.S. TREASURY INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-479	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR U.S. CREDIT INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-445	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: 3-10 YEAR U.S. CREDIT INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-480	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: 3-10 YEAR U.S. TREASURY INDEX NL FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-477	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR U.S. TREASURY INDEX NL FD

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

c EIN-PN 03-0511251-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
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a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2538131	0
(10) Value of interest in pooled separate accounts	1c(10)	2096247	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40356190	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	67926629	0
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	112917197	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	24557	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	24557	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	112892640	0

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	684453	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		684453
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	640	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		640
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1770533	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1770533
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1722433	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1722433

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-81682
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		228175
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		400440
c Other income	2c		30813
d Total income. Add all **income** amounts in column (b) and enter total	2d		4755805
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2989135	
(2) To insurance carriers for the provision of benefits	2e(2)	1666903	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4656038
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	72827	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	37343	
(4) Other	2i(4)	269064	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		379234
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5035272
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-279467
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		112613173

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS	13-5598093	012

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 455683.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203 13-5598093

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons

Financial Statements
June 22, 2022 (In Liquidation) and 2021 (Ongoing)

Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
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June 22, 2022 (In Liquidation) and June 30, 2021 (Ongoing) 9–21

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



Report of Independent Auditors

To the Administrator of Retirement Plan for Supporting Staff of Columbia University

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying 2022 financial statements of Retirement Plan for Supporting Staff of Columbia University (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2022 financial statements comprise the statements of net assets available for benefits (in liquidation) and of accumulated plan benefits (in liquidation) as of June 22, 2022, the related statements of changes in net assets available for benefits (in liquidation) and of changes in accumulated plan benefits (in liquidation) for the period from January 1, 2022 to June 22, 2022, and the statements of changes in net assets available for benefits (ongoing) and of changes in accumulated plan benefits (ongoing) for the period from July 1, 2021 to December 31, 2021, including the related notes (collectively referred to as the "2022 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2022, and for the period from January 1, 2022, to June 30, 2022 and for the period from July 1, 2021, to December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America applied on the basis described in Note 2.



- the information in the accompanying 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As discussed in Note 2 to the financial statements, on October 1, 2021, the Trustees of Columbia University adopted the Termination resolution. The Trustees of Columbia University determined liquidation was imminent upon the transfer of the defined contribution plan assets out of the Plan, and the Plan changed its basis of accounting from the ongoing basis to the liquidation basis for the period subsequent to December 31, 2021. Our opinion is not modified with respect to this matter.

Other Matter – 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan, which comprise the statements of net assets available for benefits (ongoing) and of accumulated plan benefits (ongoing) as of June 30, 2021, and the related statements of changes in net assets available for benefits (ongoing) and of changes in accumulated plan benefits (ongoing) for the year then ended (not presented herein, other than the statements of net assets available for benefits (ongoing) and of accumulated plan benefits (ongoing)). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated March 9, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.



Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

PricewaterhouseCoopers LLP

New York, New York
March 20, 2023

Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
Statements of Net Assets Available for Benefits as of June 22, 2022 (In Liquidation) and June 30, 2021 (Ongoing)

	June 22, 2022 (In Liquidation)	June 30, 2021 (Ongoing Basis)		
		Nonparticipant Directed	Participant Directed	Total
Assets				
Investments, at fair value				
Common collective trust funds	$ -	$ 2,538,131	$ -	$ 2,538,131
TIAA traditional annuities (See Note 4)	-	-	31,658,770	31,658,770
Variable annuities	-	-	36,267,471	36,267,471
Registered investment companies	-	-	40,356,190	40,356,190
Pooled separate account	-	-	2,096,247	2,096,247
Total investments, at fair value	-	2,538,131	110,378,678	112,916,809
Investments, at contract value				
TIAA traditional annuities	-	-	388	388
Total investments, at contract value	-	-	388	388
Total assets	-	2,538,131	110,379,066	112,917,197
Liabilities				
Accrued expenses	-	1,906	-	1,906
Amount payable to Columbia University	-	22,651	-	22,651
Total liabilities	-	24,557	-	24,557
Net assets available for benefits	$ -	$ 2,513,574	$ 110,379,066	$ 112,892,640

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

Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons

Statement of Changes in Net Assets Available for Benefits for the Period January 1, 2022 to June 22, 2022 (In Liquidation) and for the Period July 1, 2021 to December 31, 2021 (Ongoing)

	Period January 1, 2022 to June 22, 2022 (In Liquidation)	Period July 1, 2021 to December 31, 2021 (Ongoing)		
		Nonparticipant Directed	Participant Directed	Total
Additions to net assets attributed to				
Net appreciation/(depreciation) in fair value of investments	$ (83,072)	$ 1,390	$ 2,351,048	$ 2,352,438
Interest and dividend income	-	-	1,770,533	1,770,533
Net investment income/(loss)	(83,072)	1,390	4,121,581	4,122,971
University contributions	-	-	684,453	684,453
Other revenue	-	-	30,813	30,813
Net additions	(83,072)	1,390	4,836,847	4,838,237
Deductions to net assets attributed to				
Benefits paid to participants	86,554	105,333	2,797,248	2,902,581
Administrative expenses	-	78,614	63,544	142,158
Total deductions	86,554	183,947	2,860,792	3,044,739
Net increase (decrease) in net assets available for benefits prior to transfer to new plan and annuity purchase	(169,626)	(182,557)	1,976,055	1,793,498
Annuity Purchase	1,666,903	-	-	-
Transfers to the new plan	258,052	-	112,355,121	112,355,121
Total transfers	1,924,955	-	112,355,121	112,355,121
Net decrease in net assets available for benefits	(2,094,581)	(182,557)	(110,379,066)	(110,561,623)
Net assets available for benefits				
Beginning of period (See Note 1)	2,094,581	2,513,574	110,379,066	112,892,640
End of period	$ -	$ 2,331,017	$ -	$ 2,331,017

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

Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
Statements of Accumulated Plan Benefits
June 22, 2022 (In Liquidation) and June 30, 2021 (Ongoing)

	June 22, 2022 (In Liquidation)	June 30, 2021 (Ongoing)
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ -	$ 1,684,309
Other participants	-	32,660
Total actuarial present value of accumulated plan benefits	$ -	$ 1,716,969

The accumulated plan benefits included in this statement refer to the defined benefit component of the Plan and the nonparticipant directed assets.

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

Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons

Statement of Changes in Accumulated Plan Benefits

For the Period January 1, 2022 to June 22, 2022 (In Liquidation) and for the Period July 1, 2021 to December 31, 2021 (Ongoing)

	Period January 1, 2022 to June 22, 2022 (In Liquidation)	Period July 1, 2021 to December 31, 2021 (Ongoing)
Actuarial present value of accumulated plan benefits at beginning of period (See Note 1)	$ 2,011,509	$ 1,716,969
Decrease during the year attributable to		
Actuarial gains	-	52,333
Interest due the decrease in the discount period	-	9,432
Benefits paid	(86,554)	(105,333)
Annuity purchase	(1,666,903)	-
Transfer to new plan	(258,052)	-
Assumption changes	-	(10,509)
Net decrease	(2,011,509)	(54,077)
Total actuarial present value of accumulated plan benefits at end of period	$ -	$ 1,662,892

The accumulated plan benefits included in this statement refer to the defined benefit component of the Plan and the nonparticipant directed assets.

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

1. Plan Description

The following description of the Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General
The Plan was established to provide retirement, disability and death benefits for all employees of The Trustees of Columbia University in the City of New York (the "University") whose terms of employment are subject to the collective bargaining agreement between the University and the Supporting Staff Association at the College of Physicians and Surgeons. The Plan is noncontributory on the part of employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The accompanying financial statements include the defined benefit net assets (nonparticipant directed) and related activities and defined contribution net assets (participant directed) and related activities of the Plan.

Termination
On October 1, 2021, the Trustees of Columbia University adopted a resolution ("Termination resolution") which amended the Plan to spinoff that portion of the Plans' assets and liabilities attributable to the defined contribution account balances to a new stand-alone defined contribution ("DC") retirement plan established by Columbia University, effective December 31, 2021. The resolution also approved the concurrent termination of the Plan and authorized the purchase of annuities from a third-party annuity provider for retirees and all participants and beneficiaries who had not yet elected to receive a distribution of their defined benefit ("DB") component accrued benefit under the Plan. In accordance with the Termination resolution, i) DC assets of $112,355,121, were transferred to the replacement DC plan effective December 31, 2021. ii) an annuity purchase of $1,666,903 using DB plan assets was settled on March 11, 2022 and iii) residual DB assets of $258,052 were transferred to the replacement DC plan on June 22, 2022, the date the Plan ceased all activity. The payments from the Plan, including the annuity contracts were purchased with the assets attributable to the respective component of the Plan in the Plan's trust, to extinguish unpaid accrued benefits under the Plan.

The March 11, 2022 settlement of the annuity purchase agreement in accordance with the Termination resolution transferred future defined benefits commitments to the third-party insurance provider effective June 1, 2022.

Reconciliation of Statement of Changes in Net Assets Available for Benefits and Statement of Changes in Accumulated Plan Benefits
Upon adoption of liquidation basis of accounting, the Plan recorded the following cumulative effect adjustments to net assets available for benefits as of the date of adoption:

Accrued administrative expenses to be incurred in liquidation	$	(237,076)
Accrued interest and dividends to be earned in liquidation		640
Cumulative effective adjustments for changes in basis of accounting	$	(236,436)

Accrued administrative expenses expected to be incurred in liquidation mainly consist of consulting and management fees.

Upon adoption of liquidation basis of accounting, the Plan recorded a cumulative effect adjustment to Accumulated Plan Benefits to reflect changes in actuarial assumptions and other items as of the date of adoption in the amount of $348,617.

Defined Benefit Component
Subject to the provisions set forth in ERISA and the Plan in relation to the defined benefits of the Plan, the University did not have any liability or obligation to make any contribution or other payment with respect to any past or future period. Upon termination, the net assets of the Plan were allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA. Additionally, all vested benefits were funded at the time of termination.

The defined benefit related assets of the Plan were used to provide benefits for participants and their beneficiaries in accordance with the priorities set forth in Section 4044 of ERISA and the PBGC's regulations thereunder. The benefit of any Highly Compensated Active Employee or Highly Compensated Former Employee (both within the meaning of section 414(q) of the IRC and the Treasury Regulations promulgated thereunder) were limited to a benefit that is nondiscriminatory under section 401(a)(4) of the IRC.

At termination, the Plan's defined benefit net assets sufficiently provided for the accumulated benefit obligations to allow all participants to receive their benefits via purchased annuity contracts.

Defined Contribution Component
With respect to the defined contribution assets, in the event of the termination of the defined contribution component, participants would become immediately 100% vested in their accounts. Any unallocated defined contribution assets of the Plan would be distributed in such amounts as the Plan Sponsor dictated.

Plan Nature
Defined Benefit Component
As required by ERISA, the Trustees of the University Retirement Trust (all of whom are officers of the University) established, effective as of July 1, 1976, the Columbia University Retirement Plan Supporting Staff Association at the College of Physicians and Surgeons Trust Fund (the "Fund") to hold the assets of the Plan for benefits earned through June 30, 1976. The defined benefit portion of the Plan was insured by the Pension Benefit Guaranty Corporation, a United States Governmental agency, at the level in effect at the date of the Plan's termination. All contributions, if any, to the defined benefit component of the plan were nonparticipant-directed.

The maximum lump sum distribution threshold was $100,000.

Defined Contribution Component
For services rendered on or after July 1, 1976, the Plan, as amended, was a defined contribution plan. University contributions were made to the Plan on behalf of each individual participant, for whom individual record-keeping accounts are maintained with Teachers Insurance and Annuity Association ("TIAA") and College Retirement Equities Fund ("CREF") (collectively, "TIAA-CREF") and Vanguard Fiduciary Trust Company ("Vanguard"). These contributions were participant directed.

Each participant's account was credited with allocations of (a) the University's contribution and (b) plan earnings (losses) from the defined contribution component investments. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled from the defined contribution component was the benefit that could be provided from the participant's vested account.

Vesting

Defined Benefit Component

All participants were fully vested.

Defined Contribution Component

If hired on or after July 1, 2009 a participant became vested in accordance with the following: at least 2 years of qualifying service - 20%, 3 years - 40%, 4 years - 60%, 5 years - 80%, 6 or more years 100%, or fully vested if the age of 65 is attained as an employee of the University.

If hired before July 1, 2009 a participant became vested in accordance with the following: at least 2 years of qualifying service - 20%, 3 years - 40%, 4 years - 60%, 5 or more years 100%, or fully vested if the age of 65 is attained as an employee of the University.

Should the Plan be determined to be Top-Heavy within the meaning of Section 416(g) of the Internal Revenue Code ("IRC"), an alternative vesting schedule was applied as follows: 20% vested after two years of service, 40% after three years of service, 60% after four years of service and 100% vested after five years of service. The Plan was not determined to be Top-Heavy for the six months ended December 31, 2021, the date the Plan's DC assets were transferred to the replacement DC plan.

Pension and Disability Benefits

A participant who retired at the age of 65 was entitled to receive normal retirement benefits. A participant whose right to terminated benefits was vested and who ceased his employment with the University prior to his/her normal retirement date was entitled to receive retirement benefits commencing on his/her normal retirement date or on the first day of any prior calendar month, subsequent to both his/her 55th birthday and date of termination under the defined benefit component of the Plan. A participant, whose right to retirement benefits was vested, was entitled to receive retirement benefits during any disability which caused the termination of his/her status as an employee of the University prior to his or her normal retirement date.

Defined Benefit Component

A participant's defined benefit pension was calculated using the following formula:

For each year of Credited Service prior to July 1, 1976, the benefit equals 1.25% of compensation plus 0.25% of compensation between $6,600 and $7,800 plus 0.50% of compensation in excess of $7,800.

Prior to the annuitization, retirement benefits were paid monthly in the form of various annuities or lump sum distributions (under certain circumstances).

Defined Contribution Component

Through December 31, 2021 retirement benefits were paid in the form of annuity contracts, where available, and were purchased with the proceeds from the participant-directed account funds or lump sum distributions as elected by the participant.

Death Benefits
If a participant died before his/her vested benefits under the Plan had begun, his or her designated beneficiary was eligible for a benefit generally calculated as though the participant had begun a 50% joint and survivor annuity as of the first of the month of the later of his/her death or 55th birthday. Generally, if the designated beneficiary was the surviving spouse the benefit began as of such date (though generally not before the participant's normal retirement age without the surviving spouse's consent). Otherwise, the benefit began as of December 31 of the calendar year after the calendar year of the Participant's death. If the participant died after his/her benefits begun, the form of benefit elected by the participant determined the death benefit, if any.

Administration
The general administration of the Plan and the responsibility for carrying out the Plan's provisions were performed by the Vice President for Human Resources of the University.

Contributions
Defined Benefit Portion
It was the University's policy to make contributions to meet the defined benefit minimum funding requirements required by ERISA and from time to time to make such contributions which were deemed prudent and cost-effective in relation to regulations of any other government agencies such as the PBGC, Internal Revenue Service ("IRS") or Department of Labor ("DOL").

Contributions from the University are reflected on the basis of actuarially computed amounts for the defined benefits portion of the Plan.

For the period ended June 22, 2022, no contributions were required, or made, under the ERISA minimum funding requirements.

Amounts payable to Columbia University relate to the defined benefit portion of the Plan and reflect the Plan's obligation to the University for benefits paid on behalf of the Plan by the University.

Defined Contribution Portion
Contributions for the defined contribution portion of the Plan were made in accordance with the prescribed provisions of the Plan.

A participant's defined contribution was calculated as follows for eligible employees hired on or after July 1, 2009:

Years of Service	Age	University Contribution
15 or more years	55+	15 percent of a participant's salary up to the Social Security wage base, then 20 percent of a participant's salary above the wage base.
5 or more years	40+	10 percent of a participant's salary up to the Social Security wage base, then 15 percent of a participant's salary above the wage base.
5 or more years	Less than 40	5 percent of a participant's salary up to the Social Security wage base, then 10 percent of a participant's salary above the wage base.
Less than 5 years	Any age	2 percent of a participant's salary up to the Social Security wage base, then 10 percent of a participant's salary above the wage base.

A participant received at the beginning of their 6th year of service an additional one-time contribution equal to 15% of compensation paid during their 5th year of service. A participant hired before July 1, 2009 continued to receive contributions according to the former contribution schedule below.

A participant's defined contribution was calculated as follows for eligible employees hired before July 1, 2009:

Years of Service	Age	University Contribution
15 or more years	55+	15 percent of a participant's salary up to the Social Security wage base, then 20 percent of a participant's salary above the wage base.
5 or more years	40+	10 percent of a participant's salary up to the Social Security wage base, then 15 percent of a participant's salary above the wage base.
5 or more years	Less than 40	5 percent of a participant's salary up to the Social Security wage base, then 10 percent of a participant's salary above the wage base.
Less than 5 years	Any age	5 percent of a participant's salary up to the Social Security wage base, then 10 percent of a participant's salary above the wage base.

Investment Options
Plan investments, through liquidation were managed under the terms of agreements between the University and State Street Global Advisors Trust Company ("State Street") for defined benefits and under the terms of agreements between the University, Vanguard and TIAA-CREF for the defined contribution. State Street served as trustee for the defined benefit investments, Vanguard served as custodian of a portion of the Plan's defined contribution investment assets, and TIAA-CREF served as insurance companies of the Plan.

Defined Benefit Portion
State Street Global Advisors Trust Company
State Street, as trustee of the Plan's defined benefit assets, held these investment assets. These funds were held in common collective trust funds.

Defined Contribution Portion
Teachers Insurance and Annuity Association
Participants could choose from a series of annuity investment options. Refer to the TIAA prospectuses for detailed descriptions of the investment options. TIAA is a nonprofit, legal reserve life insurance and annuity company.

The TIAA Traditional Annuity contracts were guaranteed insurance contracts. Contributions to the TIAA Traditional Annuities were used to purchase a guaranteed amount of future retirement benefits. TIAA provided to participants fixed dollar annuities, which were considered unallocated contracts.

Until September 2017, TIAA Traditional Annuities were offered through the Retirement Annuity ("RA") contract. As of September 2017, TIAA Traditional Annuities were offered through Retirement Choice ("RC") contracts for all newly invested funds. The TIAA Traditional Annuity holdings within the RA and RC contracts have liquidity restrictions and distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments for the RA contracts and generally must be paid in 84 monthly installments for the RC contracts through Transfer Payout Annuities and were considered "nonbenefit responsive".

TIAA Traditional Annuities were also used as the investment vehicle for the Revenue Credit Account (refer to Other Revenue in Note 2) through the Retirement Choice Plus ("RCP") contract. The TIAA Traditional Annuity holdings within the RCP contracts were nonparticipant directed, contain no liquidity restrictions and were considered "benefit responsive".

The TIAA Real Estate Account was a pooled separate account investing mostly in real estate and real estate related investments.

College Retirement Equities Fund – Variable Annuities
Participants had a choice of eight variable annuities to which they could direct their investments. Refer to the CREF prospectuses for detailed descriptions of the investment options.

Upon retirement, the TIAA Real Estate Account and the CREF variable annuities remained in each or could be invested in the Traditional Annuities (RA).

Teachers Insurance and Annuity Association - College Retirement Equities Fund – Institutional Mutual Funds
Participants had a choice of various TIAA-CREF Institutional Mutual Funds to which they can direct their investments. TIAA-CREF Institutional Mutual Funds were not eligible to be annuitized by TIAA. TIAA, FSB is the directed custodian for the TIAA-CREF Institutional Mutual Funds.

Calvert Trust Company – Mutual Funds
Participants had a choice of a variety of mutual funds to which they could direct their investments. Refer to the Calvert prospectuses for detailed descriptions of the investment options.

Vanguard Fiduciary Trust Company – Mutual Funds
Participants had a choice of a variety of mutual funds to which they could direct their investments. Refer to the Vanguard prospectuses for detailed descriptions of the investment options.

Participants directed the investment of their account balance into these various investment options offered by the Plan and could change their investment options at any time, subject to the terms of the service provider agreements governing the investment options.

2. Summary of Significant Accounting Policies

Basis of Accounting
The Plan's financial statements as of June 30, 2021 and for the period July 1, 2021 to December 31, 2021 have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP") on an ongoing basis. As discussed in Note 1, on October 1, 2021, the Trustees of Columbia University adopted the Termination resolution. The Trustees of Columbia University determined liquidation was imminent upon the transfer of the defined contribution plan assets out of the Plan, and the Plan changed its basis of accounting from the ongoing basis to the liquidation basis for the period subsequent to December 31, 2021.

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process as of the date liquidation became imminent.

Investment Valuation and Income Recognition
Investments in registered investment companies, the pooled separate account and variable annuities were stated at fair value based on net asset value ("NAV") on the last day of the plan year. The Trustees of the University Retirement Trust determine the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. Fair value was the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Shares of registered investment company mutual funds, including the institutional mutual funds, were reported at fair value based on quoted market prices, which represented the NAV of shares held by the Plan at year end. NAV, calculated daily, was applied to daily purchase and sale transactions in addition to being used to value ending market values. Accumulation units for variable annuities and the TIAA real estate pooled separate accounts were recorded at fair value at the NAV of units held by the Plan at year end.

TIAA Traditional Annuities was valued at the amount that would be received by the participant at the reporting date if the amounts were withdrawn or funds transferred within the Plan prior to maturity. The TIAA Traditional Annuity RA and RC contracts were nonbenefit responsive and reported at contract value which approximated fair value. Contract value was the aggregation of contributions, plus interest, less withdrawals, if any. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlated closely with TIAA Traditional Annuity's historical crediting rates. At June 30, 2021, the balance of the RA contracts was $30,227,511 and the balance of the RC contracts was $1,431,259, totaling $31,658,770. The RCP contract was benefit responsive and reported at contract value. At June 30, 2021, the balance of the RCP contract was $388. All DC assets were transferred to the replacement DC plan on December 31, 2021.

The TIAA Traditional Annuity guaranteed principal and paid a guaranteed minimum interest, which was 3%. Additional amounts above the guaranteed minimum interest rate could be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remained in effect for the declaration year that began each March 1 and were not guaranteed for future years. Together the guaranteed minimum and additional amounts made up the crediting rate in the accumulation phase. TIAA grouped premium dollars received over defined periods into vintages for the purposes of determining the crediting rate for applicable declaration year during the accumulation period. During the six months ended December 31, 2021, the crediting rate for the RA contract was between 3.00% and 3.80%, the crediting rate for the RC contract was between 2.75% and 3.90%, the crediting rate for the RCP contract was between 2.00% and 3.15%.

Common collective trust funds were stated at fair value which was determined by using the unadjusted NAV per share as provided by the fund as a practical expedient. Items classified as NAV as a practical expedient do not have a quoted price in an active marketplace. As a practical expedient, the Plan is permitted under GAAP to estimate the fair value of an investment at the measurement date using the NAV reported by the fund without further adjustment, provided the NAV has been calculated in accordance with or in a manner consistent with GAAP, and provided further that the Plan does not expect to sell the investment at a value other than NAV.

Investment Income
Purchases and sales of securities was recorded on a trade-date basis. Interest income was recorded as earned. Dividends were recorded on the ex-dividend date, or as soon as the investment manager was informed of the ex-dividend date.

Net appreciation (depreciation) in the fair value of investments consisted of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Actuarial Method
The actuarial method used to calculate the annual defined benefit pension contribution is the present value of accrued benefits method. The projected unit credit method is used for service cost and benefit obligations. The Plan was terminated effective December 31, 2021, and all benefits were distributed by June 22, 2022. The Plan has no further assets or obligations.

Benefits to Participants
Plan benefits were paid to employees upon retirement, disability and certain terminations of employment. Benefit payments were recorded when paid to participants. Actual benefits to participants related to the defined benefit portion of the Plan were paid by the University on behalf of the Plan. The Plan reimbursed the University for such defined benefits paid.

Administrative Expenses
Investment, PBGC premiums and actuarial expenses related to the defined benefit component were paid by the Plan from the defined benefit component assets. Additionally, administrative expenses directly related to the defined contribution portion of the Plan, which consist primarily of audit related fees, were paid by the Plan from the Revenue Credit Account (refer to Other Revenue below), a component of net assets available for benefits. Certain other administrative expenses paid by the University (production/mailing costs) were not reflected in the Plan's financial statements.

Other Revenue
Other revenue represented a negotiated agreement with TIAA-CREF with specific allocation methods for revenue sharing to the Plan. The credit was deposited into the Revenue Credit Account, as defined, of the Plan and could only be used either to pay direct, reasonable and necessary expenses of the Plan for which the Plan was authorized to pay or to provide benefits for Plan participants and beneficiaries. For the Period July 1, 2021, to December 31,2021 the date of transfer to the replacement DC plan, other revenue related to this agreement amounted to $30,183.

Forfeitures
If, upon termination of employment, a participant did not have a vested interest in his/her accounts, the unvested amounts were forfeited and were applied as an offset against the University's subsequent cash contributions to the Plan or to pay plan expenses. Available forfeiture balance at June 30, 2021 amounted to $63,106. Available forfeiture balance at December 31, 2021 amounted to $239,946 and was transferred to the replacement DC plan. Forfeitures used during the period July 1 to December 31, 2021, the date of transfer to the replacement DC plan were $624,441 and were applied to offset against the University's cash contributions to the Plan.

Use of Estimates
The preparation of financial statements in conformity with GAAP required management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the dates of the financial statements. Actual results could differ from those estimates.

Risk and Uncertainties
The Plan provided for various investment options in investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Market values of investments can decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, credit rating downgrades, and global events such as a pandemic or international conflict. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' accounts balances and the amounts reported in the statement of net assets available for benefits.

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

3. Actuarial Present Value of Accumulated Plan Defined Benefits

Accumulated plan benefits were those future periodic payments, including lump-sum distributions that were attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits included benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) were included, to the extent that they were deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by an independent actuarial firm. The actuarial present value of accumulated plan benefits was the amount that results from applying actuarial assumptions to adjust the future periodic payments attributable to service that employees have rendered to reflect the time value of money and probability of payment between the valuation date and the expected date of payment. Vested defined benefits were those that were not contingent on an employee's future service.

The significant assumptions underlying the computations of the actuarial present value of accumulated plan defined benefits at June 22, 2022 and June 30, 2021 were as follows:

Discount rate	2.35% for 2022 and 2.25% for 2021
Mortality basis	For 2022 and 2021, Pri-2012 "Healthy Annuitant" and "Employee" mortality tables with MP-2021 generational mortality improvement.
Average retirement age	Age 65 for 2022 and 2021
Discount rate	___% for 2022 and 2.25% for 2021
Mortality basis	For 2022, Pri-2012 "Healthy Annuitant" and "Employee" mortality tables with Scale MP-2021 generational mortality improvement. For 2021, Pri-2012 "Healthy Annuitant" and "Employee" mortality tables with Scale MP-2020 generational mortality improvement.
Average retirement age	Age 65 for 2022 and 2021

The plan terminated effective December 31, 2021 and all benefits were distributed by June 22, 2022. The Plan has no further assets or obligations.

4. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820 establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entities own assumptions about how market participants would value an asset or liability based on the best information available.

Valuation techniques used to measure fair value under ASC 820 utilize relevant observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Plan for financial instruments measured at fair value on a recurring basis. A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The three levels of inputs are as follows:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining the categorization of the Plan's investments within the fair value hierarchy, the Plan has considered market information, including observable net asset values, and the length of time until the investment will become redeemable. Investments for which fair value is measured using NAV as a practical expedient are excluded from the hierarchy and have been reported separately within the table below under NAV. The categorization of a financial instrument within the hierarchy is based upon the pricing transparency of that instrument and does not necessarily correspond to the Plan's perceived risk of that instrument.

The fair value methods, described in Note 2, may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following presents investments of the Plan as of June 30, 2021 by caption and by level within the valuation hierarchy:

	2021				
	Level 1	Level 2	Level 3	NAV	Total
Assets					
Investments					
TIAA Traditional annuities - non fully benefit responsive	$ -	$ -	$ 31,658,770	$ -	$ 31,658,770
Pooled separate account - real estate	2,096,247	-	-	-	2,096,247
Common collective trust fund					
Index [1]	-	-	-	2,538,131	2,538,131
Variable annuities					
Equities	27,126,712	-	-	-	27,126,712
Global Equities	4,008,188	-	-	-	4,008,188
Index [1]	1,795,876	-	-	-	1,795,876
Money Market Funds	1,388,334	-	-	-	1,388,334
Fixed Income	1,948,360	-	-	-	1,948,360
Registered Investment Companies					
Fixed Income	620,520	-	-	-	620,520
Lifecycle funds [2]	17,818,554	-	-	-	17,818,554
Equities	12,404,848	-	-	-	12,404,848
Global Equities	641,986	-	-	-	641,986
Index [1]	8,603,348	-	-	-	8,603,348
Money Market Funds	266,935	-	-	-	266,935
Investments, at fair value	$ 78,719,908	$ -	$ 31,658,770	$ 2,538,131	$ 112,916,809

(1) Index common collective trusts, mutual funds and variable annuities represent the different State Street common collective trusts, CREF variable annuities, TIAA-CREF, Vanguard and Calvert Mutual funds, generally containing specific portfolios selected to track the overall market for common stocks publicly traded in the United States, as represented by broad stock market indexes.

(2) Lifecycle funds are investments that seek high total return over time, through a combination of capital appreciation and income with allocations of investments changing based on a specific retirement date.

For the year ended June 30, 2021 there were no significant purchases of Level 3 investments or significant transfers in or out of Level 3.

The pooled separate account invests in real estate and real-estate related investments. Although the underlying assets of the pooled separate accounts cannot be quickly sold and converted to liquid assets, the TIAA general account provides a liquidity guarantee to meet participant redemption, transfer or cash withdrawal requests varying from one to three days. Redemptions out of the investment are limited to once per quarter. Internal transfers into the TIAA Real Estate Account will be prohibited if the transfer causes the value of the participant's total accumulation in the account to exceed $150,000. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long-term.

The registered investment companies and variable annuities invest in equities, global equity, index, other index, fixed income and money market funds. All variable annuities have daily liquidity. The participant will be locked out of the variable annuity for 90 days if a purchase, sale and repurchase within that variable annuity is made within a 60-day period. The funds have different trading terms varying from one to three days.

The common collective trust funds do not have any redemption restrictions and the Plan is eligible to redeem interests daily. These funds have trading terms varying from one to four days.

The Level 3 investment asset consists of the TIAA Traditional Annuity nonbenefit responsive contracts. The classification of an investment within Level 3 is based upon the significance of the unobservable inputs to the overall fair value measurements.

TIAA Traditional Annuities represent insurance contracts issued by TIAA. The TIAA Traditional Annuity RA and RC contracts are nonbenefit responsive and not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable, and the investments are valued using unobservable inputs (Level 3). While transactions involving the purchases/sales of individual TIAA Traditional Annuity contracts are not observable in a public marketplace, contract value is an approximation of fair value for the RA and RC contracts.

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 at June 30, 2021:

Type	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Significant Input Values (Crediting Rate)
TIAA Traditional Non benefit Responsive - RA	$ 30,227,511	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-adjusted discount rate	Between 3.00% and 4.45%
TIAA Traditional Non benefit Responsive - RC	$ 1,431,259	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-adjusted discount rate	Between 2.50% and 4.40%

5. Investments Certified by the Trustee, Custodian and Insurance Companies

The Plan's management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan's assets were held by State Street, trustee, Vanguard, the custodian and TIAA-CREF, as insurance companies. TIAA has been authorized by TIAA, FSB to certify the investments and

investment information for which TIAA, FSB is the directed custodian. Certified information related to investments, at fair value, investments, at contract value, interest and dividends, net appreciation (depreciation) in the fair value of investments and all other related investment information in the accompanying financial statements, notes to the financial statements, other than the leveling provided in Note 4, was obtained by management and agreed to or derived from information certified as complete and accurate by the trustee, custodian and insurance companies.

6. Related-Party and Party-in-Interest Transactions

Vanguard and TIAA-CREF were the custodian and insurance companies, respectively ("the Custodian and Insurance Companies"), of the Plan's defined contribution assets; as such, the Custodian and Insurance Companies were parties-in-interest. Investments managed by the Custodian and Insurance Companies qualified as party-in-interest transactions which were exempt from prohibited transaction rules.

State Street Global, the trustee, held the investment assets and acted as investment manager of the Plan's defined benefit assets. Transactions in such investments qualified as party-in-interest transactions which were exempt from prohibited transaction rules. For the annual period ended June 22, 2022, State Street expenses were $4,934.

In addition, the University is a related party and a party-in-interest as it provides certain services to the Plan. Currently, the University does not seek reimbursement for such services.

7. Federal Income Tax Status

The IRS has determined and informed the University by letter dated October 2, 2014 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are designed and are currently being operated in compliance with the applicable requirements of the IRC. The Plan Administrator believes that the termination of the Plan was done in accordance with the provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely would not be sustained upon examination by the relevant tax authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of June 22, 2022, and June 30, 2021, there were no uncertain tax positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2019.

8. Subsequent Events

Subsequent events have been evaluated through March 20, 2023, the date the financial statements were available to be issued.

On July 14, 2022, the third-party annuity provider transferred $55,202 to the replacement DC Plan, this amount represented a contractual premium adjustment in the normal course of business which is permissible under the annuity purchase agreement with the third-party annuity provider.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of July 1, 2021

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	1	1
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	1	1

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
EIN / PN: 13-5598093/006
Plan Sponsor: Columbia University
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

■ Applicable month	March 2021
■ Interest rate basis	Segment rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
■ First segment rate	4.75%	1.54%
■ Second segment rate	5.36%	2.89%
■ Third segment rate	6.11%	3.55%
■ Effective interest rate	5.28%	2.71%

Annual rates of increase:

■ Compensation	N/A
■ Future Social Security wage bases	N/A
■ Statutory limits on compensation	N/A

SCHEDULE SB ATTACHMENTS

Demographic Assumptions — Contributions

Inclusion date

The valuation date coincident with or next following the date on which the employee is hired

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

- Disabled

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

Termination

Rates varying by age and service

Representative Termination Rates

Percentage leaving during the year					
Age	*Year 1*	*Year 2*	*Year 3*	*Year 4*	*Year 5+*
20	30.0%	40.0%	40.0%	35.0%	30.0%
25	30.0%	35.0%	35.0%	35.0%	30.0%
30	20.0%	20.0%	20.0%	20.0%	15.0%
35	15.0%	15.0%	15.0%	15.0%	10.0%
40	10.0%	10.0%	10.0%	5.0%	5.0%
45	10.0%	10.0%	5.0%	5.0%	4.0%
50+	10.0%	5.0%	5.0%	4.0%	4.0%

SCHEDULE SB ATTACHMENTS

Disability

Representative Disability Rates

The rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the year	
Age	*Rate*
40	0.04%
45	0.08%
50	0.21%
55	0.45%
60	1.01%
65	0.00%

Retirement

Rates varying by age, average age 65

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	5.0%
56	5.0%
57	5.0%
58	5.0%
59	3.0%
60	3.0%
61	3.0%
62	10.0%
63	10.0%
64	6.0%
65	15.0%
66	20.0%
67	20.0%
68	20.0%
69	20.0%
70	25.0%
71	20.0%
72	20.0%
73	20.0%
74	20.0%
75	30.0%
76	30.0%
77	30.0%

SCHEDULE SB ATTACHMENTS

78	30.0%
79	30.0%
80	100.0%

Plan Name:	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
EIN / PN:	13-5598093/006
Plan Sponsor:	Columbia University
Valuation Date:	July 1, 2021

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

■ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55
■ Deferred vested benefit	The later of age 65 or termination of employment
■ Disability benefit	Upon disablement
■ Retirement benefit	Upon termination of employment
Form of payment	65% of assumed married participants are assumed to elect a joint and survivor annuity with the spouse as the contingent annuitant and 50% continuation and 35% are assumed to elect a lump sum (if eligible for lump sum). 65% of assumed single participants are assumed to elect a life annuity and 35% are assumed to elect a lump sum (if eligible for lump sum).
Percent married	70% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband
Covered pay	Not applicable
Administrative expenses	$98,700

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Columbia University and, based on that review, is

SCHEDULE SB ATTACHMENTS

not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among the choices prescribed by law, all of which are based on observed market data over certain periods of time.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). We believe the assumptions do not significantly conflict with what would be reasonable because they reflect recent experience, and are adjusted to reflect the plan sponsor's expectations regarding future mortality improvement.
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Disability	Disability rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Benefit commencement date for deferred benefits:

■ Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
■ Deferred vested benefit	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2016-2020. The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2016-2020. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Marital Assumptions:

Percent married	The assumed percentage married is based on a blending of the marital status of recent retirees and of the current active population. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice

SCHEDULE SB ATTACHMENTS

(ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of March 2020 to March 2021 and were adjusted by applying the corridors of MAP-21 as amended by HATFA.

The mortality table for contribution purposes was updated to include one additional year of projected mortality improvements.

The administrative expense assumption was updated from $82,400 to $98,700 for contribution purposes.

The termination rates have been updated based on an experience study conducted in 2021.

The retirement rates have been updated based on an experience study conducted in 2021.

The assumed percent of participants electing lumps sums was updated from 25% to 35% based on an experience study conducted in 2021.

Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

Sources of Data and Other Information

Columbia University furnished participant data as of June 30, 2021. Columbia University also supplied information on assets, contributions, and plan provisions. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/22/2022

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
COLUMBIA UNIVERSITY RETIREMENT PLAN - SUPPORTING STAFF ASSOCIATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF COLUMBIA UNIVERSITY C/O BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
13-5598093

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2021

2 Assets:

a Market value	**2a**	2,538,131
b Actuarial value	**2b**	2,538,131

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	164	1,444,494	1,444,494
b For terminated vested participants	5	26,790	26,790
c For active participants	1	298	298
d Total	170	1,471,582	1,471,582

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.28%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	98,700
c Total (line 6a + line 6b)	**6c**	98,700

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Amy Elizabeth Ayres, F.S.A., E.A. AEA
Signature of actuary

3/15/2023
Date

Amy Elizabeth Ayres, F.S.A., E.A.
Type or print name of actuary

2006594
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

212-309-3662
Telephone number (including area code)

200 Liberty Street
New York NY 10281
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,532,134	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	82,400	0
9	Amount remaining (line 7 minus line 8)	1,449,734	0
10	Interest on line 9 using prior year's actual return of -2.47%	-35,808	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.95%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	53,061	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,360,865	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	172.47%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	173.01%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	98,700
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	98,700

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	98,700	0	98,700

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Columbia University
EIN/PN	13-5598093/006
Plan Name	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
Valuation Date	July 1, 2021
Enrolled Actuary	Amy Elizabeth Ayres, F.S.A., E.A.
Enrollment Number	20-06594

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of July 1, 2021

The weighted average retirement age of 65 is calculated assuming a sample population of 1,000 lives currently age 55. It is weighted based on the expected number of retirements at each age. The steps of the calculation are summarized below:

(1) Age	(2) Exposure	(3) Retirement Rate Decrement	(4) Number Retired at Age (2) * (3)	(5) (1) * (4)
55	1,000	5.00%	50	2,750
56	950	5.00%	48	2,688
57	902	5.00%	45	2,565
58	857	5.00%	43	2,494
59	814	3.00%	24	1,416
60	790	3.00%	24	1,440
61	766	3.00%	23	1,403
62	743	10.00%	74	4,588
63	669	10.00%	67	4,221
64	602	6.00%	36	2,304
65	566	15.00%	85	5,525
66	481	20.00%	96	6,336
67	385	20.00%	77	5,159
68	308	20.00%	62	4,216
69	246	20.00%	49	3,381
70	197	25.00%	49	3,430
71	148	20.00%	30	2,130
72	118	20.00%	24	1,728
73	94	20.00%	19	1,387
74	75	20.00%	15	1,110
75	60	30.00%	18	1,350
76	42	30.00%	13	988
77	29	30.00%	9	693
78	20	30.00%	6	468
79	14	30.00%	4	316
80	10	100.00%	10	800
				64,886

Weighted Average Age at Retirement: 65
64,886/1,000

Plan Name:	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
EIN / PN:	13-5598093/006
Plan Sponsor:	Columbia University
Valuation Date:	July 1, 2021

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Schedule SB, Line 24
Change in Actuarial Assumptions

The administrative expense assumption was updated from $82,400 to $98,700 for contribution purposes.

The termination rates have been updated based on an experience study conducted in 2021.

The retirement rates have been updated based on an experience study conducted in 2021.

The assumed percent of participants electing lumps sums was updated from 25% to 35% based on an experience study conducted in 2021.

Plan Name:	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
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Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

■ Applicable month	March 2021
■ Interest rate basis	Segment rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
■ First segment rate	4.75%	1.54%
■ Second segment rate	5.36%	2.89%
■ Third segment rate	6.11%	3.55%
■ Effective interest rate	5.28%	2.71%

Annual rates of increase:

■ Compensation	N/A
■ Future Social Security wage bases	N/A
■ Statutory limits on compensation	N/A

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Demographic Assumptions — Contributions

Inclusion date

The valuation date coincident with or next following the date on which the employee is hired

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

- Disabled

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

Termination

Rates varying by age and service

Representative Termination Rates

Percentage leaving during the year					
Age	*Year 1*	*Year 2*	*Year 3*	*Year 4*	*Year 5+*
20	30.0%	40.0%	40.0%	35.0%	30.0%
25	30.0%	35.0%	35.0%	35.0%	30.0%
30	20.0%	20.0%	20.0%	20.0%	15.0%
35	15.0%	15.0%	15.0%	15.0%	10.0%
40	10.0%	10.0%	10.0%	5.0%	5.0%
45	10.0%	10.0%	5.0%	5.0%	4.0%
50+	10.0%	5.0%	5.0%	4.0%	4.0%

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Disability

Representative Disability Rates

The rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the year	
Age	*Rate*
40	0.04%
45	0.08%
50	0.21%
55	0.45%
60	1.01%
65	0.00%

Retirement

Rates varying by age, average age 65

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	5.0%
56	5.0%
57	5.0%
58	5.0%
59	3.0%
60	3.0%
61	3.0%
62	10.0%
63	10.0%
64	6.0%
65	15.0%
66	20.0%
67	20.0%
68	20.0%
69	20.0%
70	25.0%
71	20.0%
72	20.0%
73	20.0%
74	20.0%
75	30.0%
76	30.0%
77	30.0%

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78	30.0%
79	30.0%
80	100.0%

Plan Name:	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
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Valuation Date:	July 1, 2021

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Benefit commencement date:

■ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55
■ Deferred vested benefit	The later of age 65 or termination of employment
■ Disability benefit	Upon disablement
■ Retirement benefit	Upon termination of employment
Form of payment	65% of assumed married participants are assumed to elect a joint and survivor annuity with the spouse as the contingent annuitant and 50% continuation and 35% are assumed to elect a lump sum (if eligible for lump sum). 65% of assumed single participants are assumed to elect a life annuity and 35% are assumed to elect a lump sum (if eligible for lump sum).
Percent married	70% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband
Covered pay	Not applicable
Administrative expenses	$98,700

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2020 plan year, discounted using the effective interest rate for the 2020 plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Columbia University and, based on that review, is

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not aware of any significant benefits required to be valued that were not.

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Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among the choices prescribed by law, all of which are based on observed market data over certain periods of time.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). We believe the assumptions do not significantly conflict with what would be reasonable because they reflect recent experience, and are adjusted to reflect the plan sponsor's expectations regarding future mortality improvement.
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). For the reasons described above, we believe the assumptions do not significantly conflict with what would be reasonable.
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Disability	Disability rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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Benefit commencement date for deferred benefits:

■ Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
■ Deferred vested benefit	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2016-2020. The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience over the period 2016-2020. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Marital Assumptions:

Percent married	The assumed percentage married is based on a blending of the marital status of recent retirees and of the current active population. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice

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(ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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Change in assumptions and methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of March 2020 to March 2021 and were adjusted by applying the corridors of MAP-21 as amended by HATFA.

The mortality table for contribution purposes was updated to include one additional year of projected mortality improvements.

The administrative expense assumption was updated from $82,400 to $98,700 for contribution purposes.

The termination rates have been updated based on an experience study conducted in 2021.

The retirement rates have been updated based on an experience study conducted in 2021.

The assumed percent of participants electing lumps sums was updated from 25% to 35% based on an experience study conducted in 2021.

Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

Sources of Data and Other Information

Columbia University furnished participant data as of June 30, 2021. Columbia University also supplied information on assets, contributions, and plan provisions. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted March 6, 2020 and effective April 1, 2020.

Plan status	Defined Benefit Plan for service prior to January 1, 1976; replaced by a Defined Contribution Plan for service after that date.
Covered Employees	Any Employee whose terms of employment are the subject of collective bargaining between Columbia University and the Supporting Staff Association at the College of Physicians and Surgeons.
Participation Date	The first day a covered employee is regularly scheduled to work 12 months per year and at least 20 hours per week.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment by Columbia University.
Pension service	Years and months of service as a covered employee. Benefits were frozen as of June 30, 1976, and no pension service is granted for employment after that date.
Pensionable pay	Benefits were frozen as of June 30, 1976. Pensionable pay prior to June 30, 1976 was aggregate compensation, exclusive of compensation for overtime, shift, and holiday premiums.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65
Monthly pension benefit	For each year of pension service prior to July 1, 1976, the benefit equals one-twelfth of 1.25% of pensionable pay plus 0.25% of pensionable pay between $6,600 and $7,800 plus 0.50% of pensionable pay in excess of $7,800. For this

	purpose, pensionable pay for any plan year before 1975 will be the July 1, 1975 rate of pay.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD and on or after completing five years of vesting service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.667% for each of the first five years and 3.333% for each of the next five years that payment precedes the participant's NRD
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Vested termination	Monthly pension benefit determined as of termination date, reduced 6.667% for each of the first five years and 3.333% for

	each of the next five years that payment precedes the participant's NRD
Disablement	Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement
Preretirement death	Monthly preretirement death benefit is reduced 6.667% for each of the first five years and 3.333% for each of the next five years that payment precedes the participant's NRD

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, an elective lump sum under $100,000, or (for married participants) a life annuity. Actuarial equivalence is based on: ■ For lump sums paid during the plan year: Prescribed 417(e) mortality table and the interest rate from March prior to the start of the plan year equal to the adjusted first, second and third segment rates as computed under Section 430(h)(2) of the Code, but determined without regard to yield curve rates for the preceding 23 months blended with the applicable rate of 417(e)(3)(A)(ii)(II) of the Code ■ For optional payment form conversion: 1965 Group Annuity mortality table, using female rates for all participants and male rates for all beneficiaries and a 6.00% interest rate
Pension Increases	None

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

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Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year other than increases in statutory pay and benefit limits.

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Schedule SB, Line 26
Schedule of Active Participant Data as of July 1, 2021

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	1	1
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	1	1

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
EIN / PN: 13-5598093/006
Plan Sponsor: Columbia University
Valuation Date: July 1, 2021

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Columbia University
EIN/PN	13-5598093/006
Plan Name	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
Valuation Date	July 1, 2021
Enrolled Actuary	Amy Elizabeth Ayres, F.S.A., E.A.
Enrollment Number	20-06594

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of July 1, 2021

The weighted average retirement age of 65 is calculated assuming a sample population of 1,000 lives currently age 55. It is weighted based on the expected number of retirements at each age. The steps of the calculation are summarized below:

(1) Age	(2) Exposure	(3) Retirement Rate Decrement	(4) Number Retired at Age (2) * (3)	(5) (1) * (4)
55	1,000	5.00%	50	2,750
56	950	5.00%	48	2,688
57	902	5.00%	45	2,565
58	857	5.00%	43	2,494
59	814	3.00%	24	1,416
60	790	3.00%	24	1,440
61	766	3.00%	23	1,403
62	743	10.00%	74	4,588
63	669	10.00%	67	4,221
64	602	6.00%	36	2,304
65	566	15.00%	85	5,525
66	481	20.00%	96	6,336
67	385	20.00%	77	5,159
68	308	20.00%	62	4,216
69	246	20.00%	49	3,381
70	197	25.00%	49	3,430
71	148	20.00%	30	2,130
72	118	20.00%	24	1,728
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76	42	30.00%	13	988
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				64,886

Weighted Average Age at Retirement: 65
64,886/1,000

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Valuation Date:	July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
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Plan Provisions

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Participation Date	The first day a covered employee is regularly scheduled to work 12 months per year and at least 20 hours per week.

Definitions

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Pensionable pay	Benefits were frozen as of June 30, 1976. Pensionable pay prior to June 30, 1976 was aggregate compensation, exclusive of compensation for overtime, shift, and holiday premiums.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65
Monthly pension benefit	For each year of pension service prior to July 1, 1976, the benefit equals one-twelfth of 1.25% of pensionable pay plus 0.25% of pensionable pay between $6,600 and $7,800 plus 0.50% of pensionable pay in excess of $7,800. For this

	purpose, pensionable pay for any plan year before 1975 will be the July 1, 1975 rate of pay.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD and on or after completing five years of vesting service
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	each of the next five years that payment precedes the participant's NRD
Disablement	Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement
Preretirement death	Monthly preretirement death benefit is reduced 6.667% for each of the first five years and 3.333% for each of the next five years that payment precedes the participant's NRD

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, an elective lump sum under $100,000, or (for married participants) a life annuity. Actuarial equivalence is based on: ■ For lump sums paid during the plan year: Prescribed 417(e) mortality table and the interest rate from March prior to the start of the plan year equal to the adjusted first, second and third segment rates as computed under Section 430(h)(2) of the Code, but determined without regard to yield curve rates for the preceding 23 months blended with the applicable rate of 417(e)(3)(A)(ii)(II) of the Code ■ For optional payment form conversion: 1965 Group Annuity mortality table, using female rates for all participants and male rates for all beneficiaries and a 6.00% interest rate
Pension Increases	None

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year other than increases in statutory pay and benefit limits.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The administrative expense assumption was updated from $82,400 to $98,700 for contribution purposes.

The termination rates have been updated based on an experience study conducted in 2021.

The retirement rates have been updated based on an experience study conducted in 2021.

The assumed percent of participants electing lumps sums was updated from 25% to 35% based on an experience study conducted in 2021.

Plan Name:	Columbia University Retirement Plan - Supporting Staff Association at the College of Physicians and Surgeons
EIN / PN:	13-5598093/006
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Valuation Date:	July 1, 2021