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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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
- [ ] the final return/report
- [ ] an amended return/report
- [ ] 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 DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/2022

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 W 131ST ST
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.	09/30/2026	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**	4519
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)**	1199
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2579
b	Retired or separated participants receiving benefits	**6b**	27
c	Other retired or separated participants entitled to future benefits	**6c**	2054
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4660
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	73
f	Total. Add lines **6d** and **6e**.	**6f**	4733
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	4296
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	4120
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	130
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 Characteristic Codes in the instructions:

2A 2E 2F 2R 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 2
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

B Three-digit plan number (PN) ▶ 011

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	100432	1647	01/01/2025	12/31/2025

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	51016579
5	Current value of plan's interest under this contract in separate accounts at year end	5	65238939

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. Specify nature of costs ▶	6d	

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	52396970
c	Additions: (1) Contributions deposited during the year	7c(1)	481003		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2184596		
	(4) Transferred from separate account	7c(4)	3568063		
	(5) Other (specify below)	7c(5)	61390		
	▶ PLAN CREDITS/TRANSFERS				
	(6)Total additions			7c(6)	6295052
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	58692022
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4380694		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	3285809		
	(4) Other (specify below)	7e(4)	8940		
	▶ FEES AND OTHER DEDUCTIONS				
	(5) Total deductions			7e(5)	7675443
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	51016579

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

B Three-digit plan number (PN) ▶ 011

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
NEW YORK 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
13-5582869	66915	GA85214	3	01/01/2025	12/31/2025

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	
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	2075
c	Additions: (1) Contributions deposited during the year	7c(1)	4614		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	205		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	4819
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	6894
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	184		
	(2) Administration charge made by carrier	7e(2)	6		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	190
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6704

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 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

B Three-digit plan number (PN) ▶ 011

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

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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)

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 64	CUSTODIAN	43679	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

TIAA

13-1624203

(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?
50 19	NONE	19714	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WILLIS TOWERS WATSON US LLC

53-0180291

(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	8552	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] 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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	BROKER	0	Yes [X] No [ ]	Yes [X] No [ ]	100	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 [ ]

(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
THE VANGUARD GROUP, INC	15 64	0

(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.
COLUMBIA UN DC PLAN FOR SUPP STAFF 13-5598093	BROKERAGE FEES

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

B Three-digit plan number (PN) ▶ 011

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	2251674

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)

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

B Three-digit plan number (PN) ▶ 011

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)	27737	31132
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)		
(10) Value of interest in pooled separate accounts	1c(10)	2163103	2251674
(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)	122666678	138372427
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	52399027	51023286
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	177256545	191678519
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	270	440
1k Total liabilities (add all amounts in lines 1g through1j)	1k	270	440
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	177256275	191678079

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)	3670008	
(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)		3670008
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)	2184795	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2184795
(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)	2698917	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2698917
(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)	10483316	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10483316

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		86159
(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)		7917003
c Other income	2c		121494
d Total income. Add all **income** amounts in column (b) and enter total	2d		27161692
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12662033	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12662033
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	63392	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1788	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	8552	
(8) Legal fees	2i(8)	4123	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		77855
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12739888
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14421804
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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	
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? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

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.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
COLUMBIA UNIVERSITY DEFINED CONTRIBUTION PLAN FOR SUPPORTING STAFF

B Three-digit plan number (PN) ▶ 011

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 23-2186884

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**

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Columbia University Defined Contribution Plan for Supporting Staff

Financial Statements as of December 31, 2025 and 2024 and for the year ended December 31, 2025
Supplemental Schedule Required by ERISA as of December 31, 2025

Columbia University Defined Contribution Plan for Supporting Staff
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* 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 the Columbia University Defined Contribution Plan for Supporting Staff

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

We have performed an audit of the accompanying financial statements of the Columbia University Defined Contribution Plan for Supporting Staff (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 financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 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 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.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets 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.

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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, 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.

Other Matter – Supplemental Schedule Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

New York, New York
September 4, 2026

Columbia University Defined Contribution Plan for Supporting Staff
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value (Note 2)		
TIAA Traditional Annuities	$ 51,016,244	$ 52,396,831
Variable annuities	62,987,265	56,936,219
Registered investment companies	75,385,162	65,730,459
Pooled separate account	2,251,674	2,163,103
Total investments, at fair value	191,640,345	177,226,612
Investments, at contract value (Note 2)		
TIAA Traditional Annuities	335	141
Other annuity contracts	6,707	2,055
Total investments, at contract value	7,042	2,196
Other receivable	31,132	27,737
Total assets	191,678,519	177,256,545
Liabilities		
Accrued expenses and other liability	440	270
Total liabilities	440	270
Net assets available for benefits	$ 191,678,079	$ 177,256,275

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

Columbia University Defined Contribution Plan for Supporting Staff
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

	2025
Additions to net assets attributed to	
Net appreciation in fair value of investments	$ 18,486,477
Interest and dividend income	4,883,712
Net investment income	23,370,189
University contributions	3,670,008
Other revenue	121,495
Total additions	27,161,692
Deductions from net assets attributed to	
Benefits paid to participants	12,662,033
Administrative expenses	77,855
Total deductions	12,739,888
Net increase in net assets available for benefits	14,421,804
Net assets available for benefits	
Beginning of period	177,256,275
End of period	$ 191,678,079

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

1. Plan Description

The following description of the Columbia University Defined Contribution Plan for Supporting Staff (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 by Columbia University (the "University") effective January 1, 2022 in accordance with a resolution adopted by the Trustees of the University on October 1, 2021 that was effective December 31, 2021 to i) spin-off the defined contribution component of the hybrid Retirement Plan for Supporting Staff of Columbia University, (the "Predecessor Plan") and ii) terminate the Predecessor Plan. The Plan provides defined contribution retirement benefits for a) employees who are members of Local 2110 of the United Auto Workers ("Local 2110") or the Hotel Employees & Restaurant Employees Union Local 100, AFL-CIO ("Local 100"); or (b) eligible employees of the University's Supporting Staff. The Plan provides benefits for i) participants who had a benefit under the defined contribution component of the Predecessor Plan at spin-off and, ii) employees who were not participants in the Predecessor Plan's defined contribution component at spin-off who are members of Local 2110 or Local 100 or eligible employees of the University's Supporting Staff. The Plan is maintained in part pursuant to the collective bargaining agreements between the University and Local 2110 and Local 100.

The Plan is noncontributory on the part of employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was amended effective January 1, 2024 to increase the age at which participants are required to commence payment of their account balances in accordance with the Secure 2.0 Act of 2022, and to increase the automatic cash out provision for terminated participants, beneficiaries and alternate payee to accounts with balances of $7,000 or less.

Contributions

University contributions are 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 are participant-directed.

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

A participant's contribution is calculated as follows for eligible employees hired on or after July 1, 2007:

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.

At the beginning of their 6th year of service, participants receive an additional one-time contribution equal to 15% of compensation paid during their fifth year of service. Participants hired before July 1, 2007 continue to receive contributions according to the former contribution schedule below.

A participant's contribution is calculated as follows for eligible employees hired before July 1, 2007:

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.

Should the Plan be determined to be Top-Heavy within the meaning of Section 416(g) of the Internal Revenue Code (the "Code"), the University's contributions for the Top-Heavy Year shall be equal to 5% of each participant's Code Section 415 Compensation as defined in the Plan document (regardless of the participant's hire date). The Plan has not been determined to be Top-Heavy for the year ended December 31, 2025.

Vesting

If hired on or after July 1, 2007 a participant becomes 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, 2007 a participant becomes 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 Code, an alternative vesting schedule is applied in the Top-Heavy year 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. Refer to the Plan document for applicable vesting rules when a Plan that was previously determined to be Top-Heavy ceases to be Top-Heavy. The Plan has not been determined to be Top-Heavy for the year ended December 31, 2025.

Benefit Payments
Plan benefits are paid to employees upon retirement, disability and certain terminations of employment. Benefit payments take the form of withdrawals of lump sums or annuity payments as allowed by the investment option. A participant may commence distributions from his or her account at any time following termination of employment due to retirement, death, disability, resignation or dismissal.

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

Investment Options and Participant Accounts
Participants direct the investment of their account balance into various investment options offered by the Plan and may change their investment options at any time, subject to the terms of the service provider agreements governing the investment options.

Plan investments are managed under the terms of agreements between the University and TIAA-CREF. TIAA-CREF serve as insurance companies, and Vanguard serves as custodian of a portion of the Plan's investment assets. Participants may elect to allocate contributions among the TIAA Traditional Annuities, TIAA Real Estate, CREF and TIAA-CREF registered investment companies, the Vanguard and Calvert Trust Company ("Calvert") registered investment companies. Effective June 1, 2022, participants may also direct the investment of their accounts into mutual funds via a self-directed brokerage account with either TIAA-CREF or Vanguard.

Teachers Insurance and Annuity Association
Participants can 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 are guaranteed insurance contracts. Contributions to the TIAA Traditional Annuities are used to purchase a guaranteed amount of future retirement benefits. TIAA provides to participants fixed dollar annuities, which are considered unallocated contracts.

TIAA Traditional Annuities offered through the Retirement Annuity ("RA") contract were transferred into the Plan from the Predecessor Plan (Note 1) and are no longer available for investment election. As of September 2017, TIAA Traditional Annuities are 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 and withdrawals from 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 are considered "nonbenefit responsive," and as such are reported at fair value.

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

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

Other Annuity Contracts
Participants can choose the New York Life Guaranteed Interest Account ("NYL GIA"), a group annuity contract offered by New York Life, a mutual life insurance company. Participant contributions are used to purchase a contract with a guaranteed principal that credits a fixed rate of interest for a specific period of time. New York Life provides participants with fixed dollar annuities, which are considered unallocated contracts.

The group annuity contract may be terminated by the contract holder at any time, provided written notice of terminations is received by New York Life at least 30 days but not more than 60 days prior to the intended termination date. At contract termination, the Plan may elect to receive either an immediate lump sum distribution subject to a market value adjustment or receive a contract value distribution in 6 annual installments over a period of 5 years. The NYL GIA is considered to be benefit responsive and as such is reported at contract value.

College Retirement Equity Fund – Variable Annuities
Participants have a choice of eight variable annuities to which they can 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 may remain in each or be invested in the Traditional Annuities.

Calvert Trust Company – Mutual Funds
Participants have a choice of investing in a mutual fund to which they can direct their investments. Refer to the Calvert prospectus for a detailed description of the investment option.

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

Self-Directed Brokerage Account – Mutual Funds
Participants may invest in mutual funds via the self-directed brokerage option offered through both TIAA-CREF and Vanguard.

2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Investment Valuation and Income Recognition
Investments in registered investment companies, the pooled separate account, and variable annuities are 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, custodian and insurance companies. Fair value is 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 3 for discussion of fair value measurements.

Shares of registered investment company mutual funds, including the institutional mutual funds, are reported at fair value based on quoted market prices, which represent the NAV of shares held by the Plan at year end. NAV, calculated daily, is 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 are recorded at fair value based on the NAV of units held by the Plan at year end.

Annuity contracts are 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. Annuity contracts may be deemed to be benefit responsive and carried at contract value or nonbenefit responsive and carried at fair value. Contract value is the aggregation of contributions, plus interest, less withdrawals and expenses, if any.

The TIAA Traditional Annuity RA and RC contracts are nonbenefit responsive and reported at contract value which approximates fair value. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates. At December 31, 2025, the balance of the RA contracts was $45,612,740 and the balance of the RC contracts was $5,403,504, totaling $51,016,244. At December 31, 2024, the balance of the RA contracts was $47,645,270 and the balance of the RC contracts was $4,751,561, totaling $52,396,831.

The RCP contract is benefit responsive and reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The balance of the RCP contract was $335 and $141 at December 31, 2025 and 2024, respectively.

The TIAA Traditional Annuity guarantees principal and pays a guaranteed minimum interest, currently 3%. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1 and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups 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 year ended December 31, 2025, the average crediting rate for the RA contract was 4.19%, the average crediting rate for the RC contract was 4.57%, and the average crediting rate for the RCP contract was 6.71%.

NYL GIA contracts are valued at contract value, which is the amount that will be received by participants if they were to initiate permitted transactions under the terms of the Plan. With certain restrictions, participants may deposit, withdraw and transfer their balances to other investment options daily at contract value. At December 31, 2025 and 2024, the balance of NYL GIA was $6,707 and $2,055, respectively.

The NYL GIA guarantees principal and pays a fixed interest over a six-month period. The crediting rate resets every January 1 and July 1. The Minimum Interest Rate is equal to the lesser of (a) 3.00%; and (b) a rate that is not less than 1.00% and determined by using an adjusted average of the five-year Constant Maturity Treasury Rate as reported by the Federal Reserve for the six months period ending two months prior to the Reset date - the date on which New York Life redetermines and declares the crediting rate for the next 6 month period. The average crediting rate was 4.54% during the year ended December 31, 2025.

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

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

Benefits Paid to Participants
Benefit payments are recorded when paid to participants.

Administrative Expenses
Administrative expenses directly related to the Plan, which consist primarily of investment fees, audit services, and preparation of participant related communication materials, are paid by participants, and by the Plan from the Revenue Credit Account (refer to Other Revenue section of this Note), a component of net assets available for benefits. Certain other administrative expenses paid by the University (primarily production/mailing costs) are not reflected in the Plan's financial statements.

Other Revenue
Other revenue represents a negotiated agreement with TIAA-CREF with specific allocation methods for revenue sharing to the Plan. The credit is deposited into the Revenue Credit Account, as defined, of the Plan and may only be used either to pay direct, reasonable and necessary expenses of the Plan for which the Plan is authorized to pay or to provide benefits for Plan participants and beneficiaries. Other revenue related to this agreement amounted to $121,495 for the year ended December 31, 2025.

Forfeitures
If, upon termination of employment, a participant does not have a vested interest in his/her accounts, the unvested amounts are forfeited and may be applied as an offset against the University's subsequent cash contributions to the Plan or to pay plan expenses. Available forfeiture balances amounted to $78,593 and $16,323 at December 31, 2025 and 2024, respectively. Forfeitures used for the year ended December 31, 2025 were $223,328 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the dates of the financial statements. Actual results could differ from those estimates, and such differences could be material.

Risk and Uncertainties
The Plan provides 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, increased market volatility due to the global pandemic, international conflict, inflationary pressure, increases in defaults, and credit rating downgrades. 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.

Reclassifications
Certain investments within Level 1 of the fair value hierarchy of the 2024 financial statements have been reclassified within Level 1 to conform to the 2025 presentation.

3. Fair Value Measurements

FASB Accounting Standard Codification (ASC) 820, *Fair Value Measurement*, 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 entity's 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. 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 above 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. There have been no changes in the fair value methods used as of December 31, 2025 and 2024.

The following presents investments of the Plan as of December 31, 2025 and 2024, by caption and by level within the valuation hierarchy.

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Investments				
TIAA Traditional Annuities - non fully benefit responsive	$ -	$ -	$ 51,016,244	$ 51,016,244
Pooled separate account - real estate	2,251,674	-	-	2,251,674
Registered investment companies				
Variable annuities				
Equities	6,252,544	-	-	6,252,544
Global equities	48,863,661	-	-	48,863,661
Index [(1)]	3,458,101	-	-	3,458,101
Money market funds	1,777,801	-	-	1,777,801
Fixed income	2,635,158	-	-	2,635,158
Mutual Funds [(3)]				
Lifecycle funds [(2)]	43,713,720	-	-	43,713,720
Equities	127,297	-	-	127,297
Global equities	6,156,560	-	-	6,156,560
Index [(1)]	16,417,144	-	-	16,417,144
Fixed income	2,413,343	-	-	2,413,343
Money market funds	6,557,098	-	-	6,557,098
Investments, at fair value	$ 140,624,101	$ -	$ 51,016,244	$ 191,640,345

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Investments				
TIAA Traditional Annuities - non fully benefit responsive	$ -	$ -	$ 52,396,831	$ 52,396,831
Pooled separate account - real estate	2,163,103	-	-	2,163,103
Registered investment companies				
Variable annuities				
Equities	6,139,994	-	-	6,139,994
Global equities	43,507,777	-	-	43,507,777
Index [(1)]	3,154,808	-	-	3,154,808
Money market funds	1,836,563	-	-	1,836,563
Fixed income	2,297,077	-	-	2,297,077
Mutual Funds [(3)]				
Lifecycle funds [(2)]	36,828,901	-	-	36,828,901
Equities	119,952	-	-	119,952
Global equities	4,830,210	-	-	4,830,210
Index [(1)]	15,589,269	-	-	15,589,269
Fixed income	1,836,722	-	-	1,836,722
Money market funds	6,525,405	-	-	6,525,405
Investments, at fair value	$ 124,829,781	$ -	$ 52,396,831	$ 177,226,612

(1) Index variable annuities and institutional mutual funds represent the different CREF, 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.

(3) Includes self-directed brokerage accounts that exclusively hold mutual funds, which are reported at quoted market prices and represent the NAV of shares held by the Plan at December 31, 2025 and 2024.

There were no Level 3 transfers into or out of the plan during the year ended December 31, 2025.

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 Level 3 investment asset consists of the TIAA Traditional Annuity unallocated RA and RC contracts, which 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 RA and RC contracts are not observable in a public marketplace, contract value approximates fair value. Purchases, sales, withdrawals and distributions in and out of these contracts are determined solely by participant decisions and their elections to participate in these contracts.

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 at December 31, 2025 and 2024:

Type	Fair Value December 31, 2025	Principal Valuation Technique	Significant Unobservable Inputs	Significant Input Values (Crediting Rate)
TIAA Traditional non benefits responsive - RA	$ 45,612,740	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate	Between 3.55% and 6.50%
TIAA Traditional non benefits responsive - RC	$ 5,403,504	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate	Between 3.80% and 6.75%

Type	Fair Value December 31, 2024	Principal Valuation Technique	Significant Unobservable Inputs	Significant Input Values (Crediting Rate)
TIAA Traditional non benefits responsive - RA	$ 47,645,270	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate	Between 3.65% and 6.50%
TIAA Traditional non benefits responsive - RC	$ 4,751,561	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate	Between 3.90% and 6.75%

4. Information Certified by the 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 are held by Vanguard, the custodian, and TIAA-CREF, as insurance companies. TIAA has been authorized by its directed custodian, TIAA Trust, N.A., to certify the investments and investment information for the TIAA-CREF Institutional Mutual Funds and TIAA-CREF self-directed brokerage accounts. Certified information related to investments, at fair value, investments, at contract value, interest and dividends, net appreciation in the fair value of investments and all other related investment information in the accompanying financial statements, including the notes to the financial statements, other than the leveling provided in Note 3, was obtained by management and agreed to or derived from information certified as complete and accurate by the custodian and insurance companies.

5. Plan Termination

The University has not expressed any intent to terminate the Plan or discontinue its contributions. However, it is free to do so at any time, subject to the provisions set forth in ERISA. In the event of the termination of the Plan or discontinuance of contributions, the rights of each affected Participant to benefits under the Plan will be nonforfeitable to the extent then funded.

6. Related Party and Party-in-Interest Transactions

TIAA-CREF and Vanguard, as insurance companies and custodian, respectively, are parties-in-interest. Investments managed by the insurance companies and custodian qualify as

party-in-interest transactions which are exempt from prohibited transaction rules. In addition, the University is a related party and a party-in-interest as it provides certain services for the Plan. Currently, the University does not seek reimbursement for such services.

7. Federal Income Tax Status

The Plan has been designed to be tax-qualified under Section 401 of the Internal Revenue Code. The Plan is required to operate in conformity with the Code to maintain the tax-qualified status for plan participants under Section 401. The Plan Administrator believes that the Plan is currently designed and operating in compliance with tax applicable requirements of Section 401 of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Plan to evaluate tax positions and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not 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 December 31, 2025 and 2024 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. While the Plan is subject to audit by taxing jurisdictions, there are currently no audits in progress. The Plan is subject to income tax examinations since inception of the Plan on January 1, 2022.

8. Subsequent Events

Subsequent events have been evaluated through September 4, 2026, the date the financial statements were available to be issued. There have been no subsequent events that occurred during this period that would require recognition or disclosure in the financial statements.

Supplemental Schedule Required by ERISA

Columbia University Defined Contribution Plan for Supporting Staff
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Fiduciary Trust Company			
*	Vanguard Cash Reserves Federal MM Fund Admiral Shares	Registered Investment Company	#	$ 5,857,552
*	Vanguard Institutional Index Fund Install Plus Shares	Registered Investment Company	#	6,015,598
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	#	5,262,634
*	Vanguard Total Stock Market Index Fund Institutional Plus Shares	Registered Investment Company	#	4,020,865
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	#	4,771,067
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	#	3,072,212
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	#	4,370,897
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	#	4,137,371
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	#	2,738,340
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	#	1,552,439
*	Vanguard Short-Term Inflation-Protected Sec. Idx Fund: Install Shr	Registered Investment Company	#	96,873
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company	#	2,457,185
*	Vanguard Total Bond Market Index Fund: Install Plus Shr	Registered Investment Company	#	1,038,101
*	Vanguard Extended Market Index Fund: Install Plus Shares	Registered Investment Company	#	916,157
*	Vanguard Target Retirement 2060 Fund	Registered Investment Company	#	1,622,690
*	Vanguard Total International Stock Index Fund: Install Plus Shr	Registered Investment Company	#	980,426
*	Vanguard Target Retirement Income	Registered Investment Company	#	1,740,538
*	Vanguard Real Estate Index Fund - Install Shares	Registered Investment Company	#	71,950
*	Vanguard Emerging Markets Stock Index Fund: Install Shares	Registered Investment Company	#	151,835
*	Vanguard Total World Stock Index Fund: Install Shr	Registered Investment Company	#	23,888
*	Vanguard Target Retirement 2065 Fund	Registered Investment Company	#	665,542
*	Vanguard Target Retirement 2070 Fund	Registered Investment Company	#	20,482
*	Vanguard Developed Markets Index Fund Institutional Plus Shares	Registered Investment Company	#	102,135
*	Vanguard Total Bond Market Index Fund: Install	Registered Investment Company	#	345,224
*	Vanguard Self-Directed Brokerage Account	Self-Directed Brokerage Account	#	10,974
	New York Life Guaranteed Interest Account; 10 bps Fee Class	Unallocated Annuity Contracts	#	6,707
	Calvert U.S. Large Cap Core Responsible Index Fund Cl I	Registered Investment Company	#	64,730
		Subtotal		52,114,412

The above information was derived from data certified to be accurate and complete by Vanguard Fiduciary Trust Company, custodian, and Teachers Insurance & Annuity Association - College Retirement Equity Fund, insurance companies.

Columbia University Defined Contribution Plan for Supporting Staff
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	CREF			
*	CREF CORE BOND R3 KK	Variable Annuity	#	1,886,537
*	CREF S&P 500 INDEX R3 KR	Variable Annuity	#	3,458,101
*	CREF GLOBAL EQUITIES R3 KO	Variable Annuity	#	6,778,661
*	CREF GROWTH R3 KQ	Variable Annuity	#	6,252,544
*	CREF INFLATION-LINKED BOND R3 KS	Variable Annuity	#	748,622
*	CREF MONEY MARKET R3 KI	Variable Annuity	#	1,777,801
*	CREF RESPONSIBLE BALANCED R3 KJ	Variable Annuity	#	2,858,255
*	CREF TOTAL GLOBAL STOCK R3 KH	Variable Annuity	#	39,226,744
	TIAA			
*	TIAA TRADITIONAL NON BENEFIT RESPONSIVE NBR - RA	Unallocated Annuity Contracts	#	45,612,740
*	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2 NBR - RC	Unallocated Annuity Contracts	#	5,403,504
*	TIAA TRADITIONAL BENEFIT RESPONSIVE 2 BR2 - RCP	Unallocated Annuity Contracts	$ 332	335
*	TIAA REAL ESTATE X1	Pooled Separate Account	#	2,251,674
	TIAA-CREF			
*	VANGUARD DEVLOPD MKTS IDX INS PLUS	Registered Investment Company	#	642,253
*	VANGUARD EMR MKTS STK IDX INST ZQ	Registered Investment Company	#	331,110
*	VANGUARD EXTEND MKIDX INST PL BT	Registered Investment Company	#	530,790
*	VANGUARD CASH RSV FED MMKT ADM U2	Registered Investment Company	#	699,546
*	VANGUARD INST IDX INST PLUS WK	Registered Investment Company	#	2,076,255
*	VANGUARD REAL ESTATE IDX INST BD	Registered Investment Company	#	562,132
*	VANGUARD TARGET RETIRE 2020 MP	Registered Investment Company	#	1,425,512
*	VANGUARD TARGET RETIRE 2025 MQ	Registered Investment Company	#	1,380,150
*	VANGUARD TARGET RETIRE 2030 MR	Registered Investment Company	#	1,488,955
*	VANGUARD TARGET RETIRE 2035 MS	Registered Investment Company	#	1,713,317
*	VANGUARD TARGET RETIRE 2040 MT	Registered Investment Company	#	1,461,641
*	VANGUARD TARGET RETIRE 2045 MU	Registered Investment Company	#	1,596,482
*	VANGUARD TARGET RETIRE 2050 MV	Registered Investment Company	#	628,414
*	VANGUARD TARGET RETIRE 2055 QX	Registered Investment Company	#	200,612
*	VANGUARD TARGET RETIRE 2060 BQ	Registered Investment Company	#	89,997
*	VANGUARD TARGET RETIRE 2065 BR	Registered Investment Company	#	13,770
*	VANGUARD TARGET RETIRE 2070 CA	Registered Investment Company	#	200
*	VANGUARD TARGET RETIRE INCOME ML	Registered Investment Company	#	1,303,275
*	VANGUARD TOTAL ST MK IX IN PL BY	Registered Investment Company	#	546,206
*	VANGUARD TOTAL BOND MARKET INDEX FUND: INST'L	Registered Investment Company	#	9,540
*	VANGUARD TTL BD MKT IDX INSTPL BV	Registered Investment Company	#	727,950
*	VANGUARD SHRT-TERM IP SEC ID I CC	Registered Investment Company	#	195,654
*	TIAA-CREF SELF DIRECTED ACCT SD	Self-Directed Brokerage Account	#	116,323
*	VANGUARD TTL WRLD STK IDX INST BZ	Registered Investment Company	#	3,924,465
	VANGUARD TOTAL INT ST IX ISPLS	Registered Investment Company	#	447
	CALVERT US LRGCAPCO RESP IDX I AT	Registered Investment Company	#	1,612,461
		Subtotal		139,532,975
		Total Investments	$ 332	$ 191,647,387

* Party-in-interest.

\# These are participant-directed investments; IRS and DOL regulations do not require the cost value to be reported for participant-directed investments.

The above information was derived from data certified to be accurate and complete by Vanguard Fiduciary Trust Company, custodian, and Teachers Insurance & Annuity Association - College Retirement Equity Fund, insurance companies.

Plan Name	**Columbia University Defined Contribution Plan for Supporting Staff**
Plan Sponsor EIN	**13-5598093**
ERISA Plan #	**011**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	