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. . . . . ▶ [ ]

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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

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 RETIREMENT 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 W 131ST ST
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**	34090
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)**	15229
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15371
b	Retired or separated participants receiving benefits	**6b**	151
c	Other retired or separated participants entitled to future benefits	**6c**	17162
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	32684
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	177
f	Total. Add lines **6d** and **6e**.	**6f**	32861
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)**	32292
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)**	32328
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

2M 2A 2F 2K 2L 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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

B Three-digit plan number (PN) ▶ 001

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

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	100430	9552	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	979073344
5	Current value of plan's interest under this contract in separate accounts at year end	5	1649342591

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	969890473
c	Additions: (1) Contributions deposited during the year	7c(1)	8659200		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	41638848		
	(4) Transferred from separate account	7c(4)	77582159		
	(5) Other (specify below)	7c(5)	1469115		
	▶ PLAN CREDITS/TRANSFERS				
	(6)Total additions			7c(6)	129349322
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1099239795
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	57830707		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	62161092		
	(4) Other (specify below)	7e(4)	174652		
	▶ FEES AND OTHER DEDUCTIONS				
	(5) Total deductions			7e(5)	120166451
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	979073344

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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

B Three-digit plan number (PN) ▶ 001

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

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	GA80363	56	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. 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	1899230
c	Additions: (1) Contributions deposited during the year	7c(1)	2252472		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	130831		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2383303
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4282533
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	817667		
	(2) Administration charge made by carrier	7e(2)	3186		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	820853
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3461680

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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

B Three-digit plan number (PN) ▶ 001

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

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

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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

22-1945930

(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	325124	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	268701	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

(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?
17 50	CONSULTANT	58842	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)

ROPES & GRAY

04-2233412

(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?
29 50	ATTORNEY	56895	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	52060	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEYFARTH SHAW

36-2152202

(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?
29 50	ATTORNEY	41919	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	34750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ]	1698	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC	33 71	1698

(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.
RET PLAN FOR OFICERS OF COLUMBIA UN 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
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.
RET PLAN FOR OFICERS OF COLUMBIA UN 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.

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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

B Three-digit plan number (PN) ▶ 001

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

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	70922127

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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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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

B Three-digit plan number (PN) ▶ 001

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

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)	740344	787677
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)	69857251	70922127
(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)	4601083192	5345420413
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	971789111	982535004
(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	5643469898	6399665221
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	108145	47880
1k Total liabilities (add all amounts in lines 1g through1j)	1k	108145	47880
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5643361753	6399617341

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)	226411067	
(B) Participants	2a(1)(B)	2533252	
(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)		228944319
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)	41766303	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		41766303
(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)	112306657	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		112306657
(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)	256164499	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		256164499

		(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)		2736532
(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)		438111158
c Other income	2c		3165570
d Total income. Add all **income** amounts in column (b) and enter total	2d		1083195038
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	326101157	
(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)		326101157
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)	593825	
(4) IQPA audit fees	2i(4)	52060	
(5) Investment advisory and investment management fees	2i(5)	58842	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	34750	
(8) Legal fees	2i(8)	98813	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		838293
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		326939450
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		756255588
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) ☐ 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) ☒ 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 LLP **(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 ☒ 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
RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY

B Three-digit plan number (PN) ▶ 001

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

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_____.

Retirement Plan for Officers of Columbia University

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

Retirement Plan for Officers of Columbia University
Index
December 31, 2025 and 2024

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Supplemental Schedule Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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Note: Other supplemental schedules required by Section 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 have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of the Retirement Plan for Officers of Columbia University

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

We were engaged to perform an audit of the accompanying financial statements of the Retirement Plan for Officers of Columbia University (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 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.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

Basis for Disclaimer of Opinion

The Plan sponsor's accounting records for contracts and custodial accounts issued to current or former employees prior to January 1, 2009 do not provide sufficient evidence supporting investments, benefit payments, investment income and net assets available for benefits to permit the application of adequate auditing procedures.

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.

PricewaterhouseCoopers LLP, PricewaterhouseCoopers Center,
300 Madison Avenue, New York, NY 10017
T: (646) 471 3000

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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.



New York, New York
September 4, 2026

Retirement Plan for Officers of Columbia University
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value (Note 2)		
CREF variable annuities	$ 1,578,420,463	$ 1,453,999,473
TIAA Traditional Annuities	978,833,383	969,421,127
Registered investment companies	3,766,999,950	3,147,083,719
TIAA pooled separate account	70,922,127	69,857,251
Total investments, at fair value	6,395,175,923	5,640,361,570
Investments, at contract value (Note 2)		
TIAA Traditional Annuities	239,960	469,346
Other annuity contracts	3,461,661	1,898,638
Total investments, at contract value	3,701,621	2,367,984
Other receivable	787,677	740,344
Total assets	6,399,665,221	5,643,469,898
Liabilities		
Accrued expenses	47,880	108,145
Net assets available for benefits	$ 6,399,617,341	$ 5,643,361,753

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

Retirement Plan for Officers of Columbia University
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions to net assets attributed to	
Investment income	
Net appreciation in fair value of investments	$ 697,012,188
Interest and dividend income	154,072,960
Net investment income	851,085,148
Contributions	228,944,319
Other revenue	3,165,571
Total additions	1,083,195,038
Deductions from net assets attributed to	
Benefits paid to participants	326,101,157
Administrative expense	838,293
Total deductions	326,939,450
Net increase in net assets available for benefits	756,255,588
Net assets available for benefits	
Beginning of year	5,643,361,753
End of year	$ 6,399,617,341

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

1. Plan Description

The following description of the Retirement Plan for Officers of Columbia University (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 in 1976 and was amended and restated, effective July 1, 2013, to provide retirement income benefits to eligible officers of Columbia University (the "University") and their beneficiaries as defined in the plan document. The University is the Plan Sponsor and Administrator. The Plan is funded primarily through University contributions, which are held in fixed dollar annuities and invested in investment funds as selected by participants as described in the Investment Options and Participant Accounts section of Note 1. The assets of the Plan are administered, distributed, forfeited and otherwise governed by the provisions of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was amended effective July 1, 2013 to (1) clarify provisions to reflect and facilitate the administration of the Plan, (2) add matching contributions not to exceed 3% which will be computed and deposited on a pay period basis, (3) reduce the core contribution formula, and (4) add a tenure bonus contribution.

The Plan was amended effective June 1, 2018 to recognize prior employment with a predecessor employer in the years of eligibility service determination for certain employees whose employment with the University was effective on the same date of the amendment.

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 payees to accounts with balances of $7,000 or less.

The Plan was amended effective July 1, 2025 to allow a new Officer group, Clinical Providers, the ability to participate in the plan and receive employer contributions under the "Post 7/1/2013 Employment" schedule below. Clinical Providers are not eligible to receive matching contributions.

Contributions

The University contributes amounts for each participant for each pay date within the plan year subject to the applicable dollar amounts of Internal Revenue Code (the "Code") Section 415.

Participants with an Employment Date on or After July 1, 2013

For employees who were employed on or after July 1, 2013, contributions are the sum of (i) 15% of the amount of the participant's guaranteed income from clinical activities plus (ii) the amount determined in accordance with the following schedule:

Employment Date on or After July 1, 2013

Contribution Service	Age	Contribution, Expressed as a Percentage of Participant's Compensation		
Less than five (5) years	Any age	5% of Compensation at or below the Social Security Wage Base	Plus	9% of Compensation above the Social Security Wage Base
Five (5) years or more	Less than Age 40	5% of Compensation at or below the Social Security Wage Base	Plus	9% of Compensation above the Social Security Wage Base
Five (5) years or more	Age 40+	6% of Compensation at or below the Social Security Wage Base	Plus	10% of Compensation above the Social Security Wage Base

Matching Contributions – Participants with Employment Date on or After July 1, 2013.
For each active participant who is an eligible employee and who makes elective deferrals of at least one percent (1%) of gross compensation under the Columbia University Voluntary Retirement Savings Plan for a pay period ("VRSP Contributions"), the University shall make a matching contribution for that pay period. When an eligible employee's VRSP Contribution exceeds three percent (3%), the University's matching contribution is capped at 3%.

Tenure Bonus Contribution
A one-time tenure bonus contribution shall apply to any eligible employee who becomes tenured during a plan year beginning on or after July 1, 2012; provided, that he or she (i) was not hired directly into tenured status or hired with an offer of tenure or (ii) is not a highly compensated employee as defined by the Internal Revenue Service ("IRS") for that plan year. Prior to July 1, 2013, the tenure bonus contribution was 20% of his or her regular pay for the determination period ending within the plan year in which he or she became tenured. Effective July 1, 2013, the tenure bonus contribution is 10% of his or her regular pay for the University fiscal year ended June 30th during the plan year in which he or she is tenured.

Participants with an Employment Date Before July 1, 2013
For employees who were employed on or after July 1, 1994 (but before July 1, 2013), contributions are the sum of (i) 15% of the amount of the participant's guaranteed income from clinical activities plus (ii) the amount determined in accordance with the following schedule:

Employment Date on or After July 1, 1994 and Before July 1, 2013

Contribution Service	Age	Contribution, Expressed as a Percentage of Participant's Compensation		
Five (5) years or more	Age 40+	7.5% of Compensation at or below the Social Security Wage Base	Plus	12.5% of Compensation above the Social Security Wage Base
Fifteen (15) years or more	Age 55+	12.5% of Compensation at or below the Social Security Wage Base	Plus	17.5% of Compensation above the Social Security Wage Base

Contribution formulas in effect for periods prior to July 1, 1994 were determined in accordance with the terms of the Plan then in effect.

Vesting of Plan Contributions
A participant is 100% vested in all plan contributions once they are made, and the earnings thereon are at all times non-forfeitable. This does not limit the deduction from a participant's account of

such fees and charges that may be imposed by the insurance companies or custodian of the Plan, or other plan expense changes which may be charged to the account under applicable law, the removal of plan contributions made under a Mistake of Fact form, as defined by the Plan document, or the University's right to reallocate contributions or earnings which were incorrectly allocated to any account.

Benefit Payments
Plan benefits are paid to employees upon retirement, disability and certain terminations of employment. Benefit payments take place in 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. Retirement is generally at age 65, but a phased retirement agreement is available at age 55. Distributions can also occur due to hardship.

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 the Teachers Insurance and Annuity Association ("TIAA") and College Retirement Equities Fund ("CREF") (collectively, "TIAA-CREF"), who serve as insurance companies, and Vanguard Fiduciary Trust Company ("Vanguard"), who 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, and the Vanguard and Calvert Trust Company ("Calvert") registered investment companies. The allocations may be in any whole number or percentage proportion, including full allocation to any annuity or account. Each participant's account is credited with the employer and employee contribution and charged with an allocation of administrative expenses and Plan earnings (losses). Allocations are based on participant earnings or account balances, as defined. Effective June 1, 2022, participants may also direct the investment of their accounts into mutual funds via a self-directed brokerage account with TIAA-CREF or Vanguard.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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 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.

Until September 2017, TIAA Traditional Annuities were offered through the Retirement Annuity ("RA") contracts. 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 Note 2) through the Retirement Choice Plus ("RCP") contract and as such, these contracts are considered nonparticipant directed. 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 Equities 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, investments in the TIAA Real Estate Account and the CREF variable annuities may remain in each or be invested in the Traditional Annuities.

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.

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.

Self-Directed Brokerage Accounts – Mutual Funds
Participants may invest in mutual funds via the self-directed brokerage options 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 the net asset value on the last day of the plan year. The Trustees of the University Retirement Trust determine the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. Fair value 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 and institutional mutual funds, variable annuities, and the pooled separate account are reported at quoted market prices, which represent the net asset value ("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 account are recorded at fair value at 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 $854,084,644 and the RC contracts was $124,748,739 totaling $978,833,383. At December 31, 2024, the balance of the RA contracts was $862,176,107 and the RC contracts was $107,245,020 totaling $969,421,127.

The RCP contract is fully 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. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. At December 31, 2025 and 2024, the balance of the RCP contract was $239,960 and $469,346, respectively.

The TIAA Traditional Annuities guarantee principal and pays a guaranteed minimum interest, which was 3% during 2025. 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 contracts was 4.22%, the average crediting rate for the RCP contracts was 3.87% and the average crediting rate for the RC contract was 4.69%.

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 $3,461,661 and $1,898,638, 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 4.76% 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 advisor 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 to Participants
Benefits to participants are recorded when paid.

Administrative Expenses
Administrative expenses directly related to the Plan, which consist primarily of audit services, and preparation of participant related communication materials, are paid 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 will be deposited into the Revenue Credit Account as defined by 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 $3,165,571 for the year ended December 31, 2025.

Forfeitures
In the event University contributions are made to a participant's account subsequent to the termination of the employment or as a result of an adjustment in the calculation of the contribution amount, such amounts are considered unearned. These unearned amounts are forfeited and may be applied as an offset against the University's subsequent cash contributions to the Plan. Available forfeiture balances amounted to $147,409 and $86,203 at December 31, 2025 and 2024, respectively. Forfeitures used during the year ended December 31, 2025 were $140,000.

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' account 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 Standards 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 entities own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value under ASC 820 utilize relevant observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

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

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

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

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

A financial instrument's categorization within the valuation hierarchy is based on 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, respectively, by caption and by level within the valuation hierarchy.

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Assets				
Investments, at fair value				
TIAA Traditional Annuities - non fully benefit responsive	$ -	$ -	$ 978,833,383	$ 978,833,383
Pooled separate account	70,922,127	-	-	70,922,127
Registered investment companies				
Variable annuities				
Equities	173,119,388	-	-	173,119,388
Global Equities	1,115,922,671	-	-	1,115,922,671
Index[1]	121,484,085	-	-	121,484,085
Money Market Funds	57,280,290	-	-	57,280,290
Fixed Income	110,614,029	-	-	110,614,029
Mutual Funds [3]				
Equities	62,610,032	-	-	62,610,032
Global Equities	302,112,332	-	-	302,112,332
Lifecycle Funds[2]	2,079,908,656	-	-	2,079,908,656
Index[1]	1,042,280,646	-	-	1,042,280,646
Fixed Income	152,705,525	-	-	152,705,525
Money Market Funds	127,382,759	-	-	127,382,759
Total investments, at fair value	$ 5,416,342,540	$ -	$ 978,833,383	$ 6,395,175,923

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Assets				
Investments, at fair value				
TIAA Traditional Annuities - non fully benefit responsive	$ -	$ -	$ 969,421,127	$ 969,421,127
Pooled separate account	69,857,251	-	-	69,857,251
Registered investment companies				
Variable annuities				
Equities	169,103,120	-	-	169,103,120
Global Equities	1,021,861,929	-	-	1,021,861,929
Index[1]	123,577,136	-	-	123,577,136
Money Market Funds	42,017,805	-	-	42,017,805
Fixed Income	97,439,483	-	-	97,439,483
Mutual Funds [3]				
Equities	55,037,756	-	-	55,037,756
Global Equities	228,188,216	-	-	228,188,216
Lifecycle Funds[2]	1,701,005,904	-	-	1,701,005,904
Index[1]	934,987,977	-	-	934,987,977
Fixed Income	115,688,323	-	-	115,688,323
Money Market Funds	112,175,543	-	-	112,175,543
Total investments, at fair value	$ 4,670,940,443	$ -	$ 969,421,127	$ 5,640,361,570

(1) Index variable annuities and institutional mutual funds represent the different CREF, TIAA-CREF, Vanguard and Calvert index 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.

For the year ended December 31, 2025, there were no transfers in or out of Level 3.

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

The registered investment company variable annuities invest in equities, global equity, index, other index, fixed income, lifecycle and money market funds. All variable annuities have daily liquidity. Participants 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 tables present 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 2025	Principal Valuation Technique	Significant Unobservable Inputs	Significant Input Values
TIAA Traditional Non Benefits Responsive - RA	$ 854,084,644	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-adjusted discount rate applied	Between 3.55% and 6.50%
TIAA Traditional Non Benefits Responsive - RC	$ 124,748,739	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-adjusted discount rate applied	Between 3.80% and 6.75%

Type	Fair Value 2024	Principal Valuation Technique	Significant Unobservable Inputs	Significant Input Values
TIAA Traditional Non Benefits Responsive - RA	$ 862,176,107	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-adjusted discount rate applied	Between 3.65% and 6.50%
TIAA Traditional Non Benefits Responsive - RC	$ 107,245,020	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-adjusted discount rate applied	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 discontinue its contributions. However, it is free to do so at any time, subject to the provisions set forth in ERISA. In the event such discontinuance results in the termination of the Plan, participants remain 100% vested in their accounts and, subject to certain restrictions in the unallocated insurance contracts, amounts will be distributed in a lump sum.

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

TIAA-CREF, as insurance companies, and Vanguard, as custodian, 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 qualify for tax-exempt status under Section 403(b) of the Code. The terms of the Plan have been prepared to conform to the sample language provided by the IRS in the draft Listing of Required Modifications issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan Administrator believes that the Plan is currently designed and operating in compliance with tax applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 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

Retirement Plan for Officers of Columbia University
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 Emerging Markets Stock Index Fund: Inst'l Shares	Registered Investment Company	#	$ 20,487,762
*	Vanguard Extended Market Index Fund: Inst'l Shares	Registered Investment Company	#	82,630,338
*	Vanguard Federal Money Market Fund	Registered Investment Company	#	109,290,331
*	Vanguard Inflation-Protected Securities Fund: Inst'l Shares	Registered Investment Company	#	10,809,269
*	Vanguard Institutional Index Fund Plus Shares	Registered Investment Company	#	392,415,406
*	Vanguard Institutional Target Retirement 2020 Fund	Registered Investment Company	#	55,019,290
*	Vanguard Institutional Target Retirement 2025 Fund	Registered Investment Company	#	133,886,376
*	Vanguard Institutional Target Retirement 2030 Fund	Registered Investment Company	#	215,784,903
*	Vanguard Institutional Target Retirement 2035 Fund	Registered Investment Company	#	250,390,578
*	Vanguard Institutional Target Retirement 2040 Fund	Registered Investment Company	#	300,093,291
*	Vanguard Institutional Target Retirement 2045 Fund	Registered Investment Company	#	320,261,638
*	Vanguard Institutional Target Retirement 2050 Fund	Registered Investment Company	#	241,303,007
*	Vanguard Institutional Target Retirement 2055 Fund	Registered Investment Company	#	123,210,073
*	Vanguard Institutional Target Retirement 2060 Fund	Registered Investment Company	#	34,463,257
*	Vanguard Institutional Target Retirement 2065 Fund	Registered Investment Company	#	6,886,883
*	Vanguard Institutional Target Retirement 2070 Fund	Registered Investment Company	#	1,542,258
*	Vanguard Developed Markets Index Fund Institutional Plus Shares	Registered Investment Company	#	24,646,994
*	Vanguard Target Retirement Income	Registered Investment Company	#	53,595,622
*	Vanguard Total International Bond Index Fund Inst'l Shares	Registered Investment Company	#	4,676,063
*	Vanguard Total World Stock Index Fund: Inst'l Shr	Registered Investment Company	#	10,968,236
	New York Life Guaranteed Interest Account; 10 bps Fee Class	Unallocated Annuity Contracts	#	3,461,661
*	Vanguard Real Estate Index Fund - Instl Shares	Registered Investment Company	#	12,931,788
*	Vanguard Self-Directed Brokerage Account	Self-Directed Brokerage Account	#	58,323,334
*	Vanguard Total Bond Market Index Fund: Inst'l Shr	Registered Investment Company	#	80,410,553
*	Vanguard Total International Stock Index Fund: Inst'l Shr	Registered Investment Company	#	62,084,375
*	Vanguard Total Stock Market Index Fund: Inst'l Shr	Registered Investment Company	#	311,926,293
	Calvert US Large-Cap Core Responsible Index Fund; Class R6	Registered Investment Company	#	16,306,671
		Subtotal		2,937,806,250

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

Retirement Plan for Officers of Columbia University
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
	TIAA			
*	TIAA TRADITIONAL NON BENEFIT RESPONSIVE NBR - RA	Unallocated Annuity Contracts	#	854,084,644
*	TIAA TRADITIONAL NON BENEFIT RESPONSIVE 2 NB2 - RC	Unallocated Annuity Contracts	#	124,748,739
*	TIAA TRADITIONAL BENEFIT RESPONSIVE 2 BR2 - RCP	Unallocated Annuity Contracts	$ 224,942	239,960
*	TIAA Real Estate	Pooled Separate Account	#	70,922,127
	CREF			-
*	CREF STOCK R3 KH	Variable Annuity	#	801,348,249
*	CREF MONEY MARKET R3 KI	Variable Annuity	#	57,280,290
*	CREF SOCIAL CHOICE R3 KJ	Variable Annuity	#	85,743,872
*	CREF BOND MARKET R3 KK	Variable Annuity	#	68,020,331
*	CREF GLOBAL EQUITIES R3 KO	Variable Annuity	#	228,830,549
*	CREF GROWTH R3 KQ	Variable Annuity	#	173,119,389
*	CREF EQUITY INDEX R3 KR	Variable Annuity	#	121,484,085
*	CREF INFLATION-LINKED BOND R3 KS	Variable Annuity	#	42,593,698
	TIAA-CREF			-
*	VANGUARD CASH RSV FEDERAL MONEY MKT U2	Registered Investment Company	#	18,092,428
*	VANGUARD EMR MKTS STK IDX INST ZQ	Registered Investment Company	#	16,652,104
*	VANGUARD INST IDX INST PLUS WK	Registered Investment Company	#	104,642,400
*	VANGUARD DEVELOPED MKTS IDX INSPLUS	Registered Investment Company	#	36,214,067
*	VANGUARD EXTEND MKIDX INST PL BT	Registered Investment Company	#	28,962,637
*	VANGUARD TTL BD MKT IDX INSTPL BV	Registered Investment Company	#	41,132,350
*	VANGUARD TTL INTL BND IDX CD	Registered Investment Company	#	1,308,597
*	VANGUARD TOTAL INT ST IX ISPLS BX	Registered Investment Company	#	1,930,213
*	VANGUARD TOTAL ST MK IX IN PL BY	Registered Investment Company	#	45,210,115
*	VANGUARD TTL WRLD STK IDX INST BZ	Registered Investment Company	#	129,128,581
*	VANGUARD SHRT-TERM IP SEC ID I CC	Registered Investment Company	#	14,368,693
*	VANGUARD REAL ESTATE IDX INST BD	Registered Investment Company	#	18,389,501
*	VANGUARD TARGET RETIRE INCOME ML	Registered Investment Company	#	34,049,480
*	VANGUARD TARGET RETIRE 2020 MP	Registered Investment Company	#	28,574,175
*	VANGUARD TARGET RETIRE 2025 MQ	Registered Investment Company	#	45,197,052
*	VANGUARD TARGET RETIRE 2030 MR	Registered Investment Company	#	49,187,239
*	VANGUARD TARGET RETIRE 2035 MS	Registered Investment Company	#	60,086,936
*	VANGUARD TARGET RETIRE 2040 MT	Registered Investment Company	#	58,862,141
*	VANGUARD TARGET RETIRE 2045 MU	Registered Investment Company	#	39,213,128
*	VANGUARD TARGET RETIRE 2050 MV	Registered Investment Company	#	20,287,736
*	VANGUARD TARGET RETIRE 2055 QX	Registered Investment Company	#	6,123,881
*	VANGUARD TARGET RETIRE 2060 BQ	Registered Investment Company	#	1,552,530
*	VANGUARD TARGET RETIRE 2065 BR	Registered Investment Company	#	146,725
*	VANGUARD TARGET RETIRE 2070 CA	Registered Investment Company	#	190,458
*	TIAA-CREF SELF-DIRECTED BROKERAGE ACCOUNT	Self-Directed Brokerage Account	#	4,286,699
	CALVERT US LRGCAPCO RESP IDX R6 CB	Registered Investment Company	#	28,865,495
		Subtotal	224,942	3,461,071,294
		Total investments	$ 224,942	$ 6,398,877,544

* These are permitted party-in-interest transactions as defined by ERISA.

\# These are participant-directed investments for which IRS and Department of Labor regulations do not require the cost value to be reported, except where noted.

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

Plan Name	**RETIREMENT PLAN FOR OFFICERS OF COLUMBIA UNIVERSITY**
Plan Sponsor EIN	**13-5598093**
ERISA Plan #	**001**
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	