

EXTENDED TO JULY 15, 2020

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2018Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW YORK UNIVERSITY		D Employer identification number 13-5562308
	Doing business as		E Telephone number (212) 998-2955
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 E. 17TH STREET - 2ND FLOOR	G Gross receipts \$ 9,885,045,981.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003-9580		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer MARTIN DORPH 105 E. 17TH ST. 4TH FL., NEW YORK, NY 10003			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527			
J Website: WWW.NYU.EDU			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: 1831 M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities NYU IS A PRIVATE UNIVERSITY WITH APPROXIMATELY 60,000 STUDENTS IN 20 SCHOOLS AND INSTITUTES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	60
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	56
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	45086
	6 Total number of volunteers (estimate if necessary)	6	9088
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	302,196.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,238,136,656.	1,287,796,390.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,458,250,242.	6,188,707,763.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	289,099,001.	163,662,390.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	308,132,516.	76,928,934.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,293,618,415.	7,717,095,477.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	682,712,274.	733,196,208.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,831,467,461.	4,359,303,946.
	b Total fundraising expenses (Part IX, column (D), line 25)	919,700.	1,150,020.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,618,530.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,381,130,742.	2,774,177,291.
	19 Revenue less expenses. Subtract line 18 from line 12	6,896,230,177.	7,867,827,465.
		397,388,238.	-150,731,988.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,490,632,029.	14,574,664,085.
	22 Net assets or fund balances Subtract line 21 from line 20	7,652,514,502.	8,901,885,674.
		5,838,117,527.	5,672,778,411.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date 7/13/20
	MARTIN DORPH, EXECUTIVE VICE PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name OGDEN, UT	Preparer's signature OGDEN, UT
	Firm's name	Firm's EIN
	Firm's address	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ **X****1** Briefly describe the organization's mission

NYU IS A PRIVATE UNIVERSITY WITH APPROXIMATELY 60,000 MATRICULATING STUDENTS IN 20 SCHOOLS AND INSTITUTES. NYU'S PRIMARY MISSIONS ARE EDUCATION, RESEARCH AND SCHOLARSHIP, AND PATIENT CARE. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 1,063,187,260. including grants of \$ 718,501,336.) (Revenue \$ 2,695,310,000.)

EDUCATION: FOUNDED IN 1831, NYU IS AMONG THE LARGEST PRIVATE NOT-FOR-PROFIT RESEARCH UNIVERSITIES IN THE U.S., WITH 20 SCHOOLS AND INSTITUTES, APPROXIMATELY 5,000 FULL-TIME FACULTY MEMBERS, AND APPROXIMATELY 60,000 MATRICULATING STUDENTS. NYU ANNUALLY CONFERS OVER 16,000 UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREES, AND PROVIDES OVER \$300 MILLION PER YEAR IN SCHOLARSHIP AID TO UNDERGRADUATES. NYU HAS AN UNPARALLELED INTERNATIONAL PRESENCE WITH THREE DEGREE-GRANTING LIBERAL ARTS RESEARCH UNIVERSITY CAMPUSES (IN NEW YORK, ABU DHABI, AND SHANGHAI) AND 12 GLOBAL ACADEMIC SITES (FOR STUDY ABROAD) ON SIX CONTINENTS; SENDS MORE STUDENTS TO STUDY ABROAD THAN ANY OTHER U.S. COLLEGE OR UNIVERSITY; AND ENROLLS MORE INTERNATIONAL STUDENTS THAN ANY OTHER U.S. UNIVERSITY.

4b (Code _____) (Expenses \$ 2,544,223,838. including grants of \$ _____) (Revenue \$ 2,712,042,000.)

PATIENT CARE AND THE HEALTHCARE MISSION. NYU'S MEDICAL ACADEMIC PROGRAMS ARE A MAJOR ELEMENT OF THE UNIVERSITY'S MISSION. THE NYU SCHOOL OF MEDICINE WAS ESTABLISHED IN 1841; FROM ITS EARLIEST YEARS, IT HAS BEEN AT THE FOREFRONT OF ADVANCING THE MEDICAL PROFESSION AND MEDICAL RESEARCH, INCLUDING PARTICIPATING IN THE PROCESS THAT LED TO THE ESTABLISHMENT OF NEW YORK CITY'S HEALTH DEPARTMENT, ESTABLISHING THE FIRST OUTPATIENT CLINIC, ESTABLISHING THE FIRST LABORATORY DEVOTED TO TEACHING AND RESEARCH IN BACTERIOLOGY AND PATHOLOGY, CREATING THE FIRST DEPARTMENT OF FORENSIC MEDICINE, CREATING THE FIRST DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION IN THE U.S., AND ESTABLISHING ONE OF THE FIRST MD-PHD PROGRAMS. ITS FACULTY AND GRADUATES HAVE INCLUDED NOBEL LAUREATES, THE DISCOVERER OF THE MOSQUITO AS THE SOURCE OF

4c (Code _____) (Expenses \$ 864,922,882. including grants of \$ _____) (Revenue \$ 759,223,170.)

RESEARCH AND SCHOLARSHIP. NYU IS A MAJOR RESEARCH INSTITUTION, WITH SIGNIFICANT SUPPORT FROM NIH, NSF AND OTHER FUNDERS; IT IS A TOP 25 INSTITUTION IN THE NSF'S ANNUAL HIGHER EDUCATION RESEARCH AND DEVELOPMENT SURVEY. THE RESEARCH AND CREATIVE OUTPUT OF NYU'S SCHOLARS HAVE LED TO THE RECEIPT OF NOBEL PRIZES; ABEL PRIZES; PULITZER PRIZES; GUGGENHEIMS; THE NATIONAL MEDAL OF THE ARTS; THE NATIONAL MEDAL OF SCIENCE; THE NATIONAL MEDAL OF TECHNOLOGY; NSF WATERMAN AWARDS; MAX PLANCK AWARDS; THE KAVLI PRIZE; MEMBERSHIP FOR DOZENS OF FACULTY IN THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE; ACADEMY AWARDS; TONY AWARDS; AND GRAMMY AWARDS, AMONG MANY OTHER HONORS FOR THE UNIVERSITY'S FACULTY. NYU FACULTY FINDINGS ARE REGULARLY PUBLISHED IN TOP JOURNALS ACROSS A BROAD RANGE OF SCHOLARLY DISCIPLINES. NYU HAS

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,203,112,937. including grants of \$ 14,694,872.) (Revenue \$ 781,355,763.)

4e Total program service expenses **6,675,446,917.**Form **990** (2018)

ACPEFGIJK
LMRO**Part IV Checklist of Required Schedules**

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

	Yes	No
1	X	
2		X
3		X
4	X	
5		X
6		X
7	X	
8	X	
9		X
10	X	
11a	X	
11b	X	
11c		X
11d		X
11e	X	
11f		X
12a		X
12b	X	
13	X	
14a	X	
14b	X	
15		X
16	X	
17	X	
18	X	
19		X
20a		X
20b		
21	X	

Part IV Checklist of Required Schedules (continued)

- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
- 27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
- a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	Yes	No
22	X	
23	X	
24a	X	
24b	X	
24c		X
24d		X
25a		X
25b		X
26	X	
27		X
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31		X
32		X
33		X
34	X	
35a	X	
35b	X	
36	X	
37		X
38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
- 1b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	62712
1b	0
1c	X

	Yes	No
1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 45086		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	60	
1b Enter the number of voting members included in line 1a, above, who are independent.	56	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **AK, CO, KY, MD, MA, MI, OH, OK, OR, WA, ME, NH**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **KERRI TRICARICO - (212) 998-2913**
105 E. 17TH STREET, 3RD FLOOR, NEW YORK, NY 10003-9345

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RONALD D. ABRAMSON TRUSTEE	2.00	X						0.	0.	0.
(2) RIMA AL MOKARRAB TRUSTEE (START: 12/5/2018)	2.00	X						0.	0.	0.
(3) KHALDOON KHALIFA AL MUBARAK TRUSTEE	2.00	X						0.	0.	0.
(4) TAPFI AYODELE TRUSTEE	2.00	X						0.	0.	0.
(5) PHYLLIS PUTTER BARASCH TRUSTEE & VICE CHAIR	2.00	X		X				0.	0.	0.
(6) MARIA BARTIROMO TRUSTEE	2.00	X						0.	0.	0.
(7) MARC H. BELL TRUSTEE	2.00	X						0.	0.	0.
(8) WILLIAM R. BERKLEY TRUSTEE & CHAIR	8.00	X		X				0.	0.	0.
(9) ANDREA C. BONOMI TRUSTEE	2.00	X						0.	0.	0.
(10) CASEY BOX TRUSTEE	2.00	X						0.	0.	0.
(11) SHARON CHANG TRUSTEE	2.00	X						0.	0.	0.
(12) EVAN R. CHESLER TRUSTEE	2.00	X						0.	0.	0.
(13) STEVEN M. COHEN TRUSTEE	2.00	X						0.	0.	0.
(14) STUYVIE COMFORT TRUSTEE	2.00	X						0.	0.	0.
(15) MICHAEL DENKENSOHN TRUSTEE	2.00	X						0.	0.	0.
(16) JINSONG DING TRUSTEE	2.00	X						0.	0.	0.
(17) FIONA DRUCKENMILLER TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GALE DRUKIER TRUSTEE	2.00	X						0.	0.	0.
(19) JOEL S. EHRENKRANZ TRUSTEE	2.00	X						0.	0.	0.
(20) LUN FENG TRUSTEE	2.00	X						0.	0.	0.
(21) LAURENCE D. FINK TRUSTEE & VICE CHAIR	4.00	X		X				0.	0.	0.
(22) LUIZ FRAGA TRUSTEE	2.00	X						0.	0.	0.
(23) JEFFREY GOULD TRUSTEE	2.00	X						0.	0.	0.
(24) LISA YOO HAHN TRUSTEE	2.00	X						0.	0.	0.
(25) BEVERLY HYMAN TRUSTEE	2.00	X						0.	0.	0.
(26) MITCHELL JACOBSON TRUSTEE (END: 6/1/2019)	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								29,793,594.	2,551,371.	4,864,885.
d Total (add lines 1b and 1c)								29,793,594.	2,551,371.	4,864,885.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7,531**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION COMPANY CORP, 375 HUDSON STREET, 6TH FL, NEW YORK, NY 10014	CONSTRUCTION	130,734,937.
COLLINS BUILDING SERVICES INC., COURT SQUARE PLACE 24-01 44TH ROAD 15TH FLOOR,	JANITORIAL	110,915,403.
SUPFOLK CONSTRUCTION COMPANY INC., ONE PENNSYLVANIA PLAZA, SUITE 5500, NEW YORK,	CONSTRUCTION	82,312,435.
GILBANE BUILDING COMPANY 7 JACKSON WALKWAY, PROVIDENCE, RI 02903	CONSTRUCTION	45,747,218.
PST SERVICES INC. 5995 WINDWARD PARKWAY, ALPHARETTA, GA 30005	COMPUTER & DATA PROCESSING	43,513,231.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1,401**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	9,294,182.			
	d Related organizations	1d	956,644.			
	e Government grants (contributions)	1e	759,223,170.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	518,322,394.			
	g Noncash contributions included in lines 1a-1f \$		40,518,243.			
	h Total. Add lines 1a-1f		1,287,796,390.			
Program Service Revenue	2 a PATIENT CARE	Business Code	623990	2,712,042,000.	2,712,042,000.	
	b TUITION & FEES		611600	2,695,310,000.	2,695,310,000.	
	c OTHER PROGRAM SERVICES		611600	440,846,727.	440,846,727.	
	d HOUSING & DINING		721310	340,509,036.	340,509,036.	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		6,188,707,763.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			74,788,426.	-6,557,097.	81,345,523.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties			9,742,751.		9,742,751.
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses			74,014,426.		
	c Rental income or (loss)			51,658,951.		
	d Net rental income or (loss)			22,355,475.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses			2203534976.		
	c Gain or (loss)			2114661012.		
	d Net gain or (loss)			88,873,964.		
	8 a Gross income from fundraising events (not including \$ 9,294,182. of contributions reported on line 1c) See Part IV, line 18					
	b Less: direct expenses	a	b	960,155.	665,535.	
	c Net income or (loss) from fundraising events			294,620.		294,620.
	9 a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses	a	b			
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	b	6,757,952.	965,006.		
b Less. cost of goods sold						
c Net income or (loss) from sales of inventory			5,792,946.		5,792,946.	
Miscellaneous Revenue		Business Code				
11 a OTHER AUX. ENTERPRISES		713940	11,531,086.	6,005,856.	5,525,230.	
b FEDERAL DISASTER REC.		900099	-10,828.		-10,828.	
c						
d All other revenue		900099	27,222,884.	9,350.	27,213,534.	
e Total. Add lines 11a-11d			38,743,142.			
12 Total revenue. See instructions			7,717,095,477.	6,188,707,763.	302,196.	240,289,128.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,694,872.	14,694,872.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	515,390,936.	515,390,936.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	203,110,400.	203,110,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,645,268.	8,932,263.	634,017.	78,988.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,586,400,965.	3,272,714,211.	288,164,121.	25,522,633.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	193,305,402.	177,133,274.	14,767,628.	1,404,500.
9 Other employee benefits	396,633,562.	364,535,391.	28,886,103.	3,212,068.
10 Payroll taxes	173,318,748.	157,803,472.	14,297,198.	1,218,078.
11 Fees for services (non-employees)				
a Management	811,226.		811,226.	
b Legal	17,163,857.	13,317,388.	3,623,023.	223,446.
c Accounting	2,576,332.	2,088,228.	453,092.	35,012.
d Lobbying	621,162.	481,741.	131,344.	8,077.
e Professional fundraising services. See Part IV, line 17	1,150,020.			1,150,020.
f Investment management fees	9,191,347.		9,191,347.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	280,935,643.	217,872,874.	59,408,392.	3,654,377.
12 Advertising and promotion	28,509,991.	26,524,520.	1,985,089.	382.
13 Office expenses	167,773,114.	159,531,575.	8,183,145.	58,394.
14 Information technology	72,580,337.	38,914,907.	33,167,716.	497,714.
15 Royalties	798,893.	798,741.	152.	
16 Occupancy	319,896,710.	287,988,751.	31,906,871.	1,088.
17 Travel	139,447,519.	121,917,142.	15,406,300.	2,124,077.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,795,163.	7,871,228.	2,822,677.	101,258.
20 Interest	211,650,072.	153,101,120.	58,548,952.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	413,097,657.	254,442,741.	158,654,916.	
23 Insurance	23,502,399.	2,567,637.	20,931,969.	2,793.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SERVICE CONTRACT FEES	245,917,077.	221,584,145.	24,321,077.	11,855.
b CHANGES IN PENSION OBL.	196,451,000.		196,451,000.	
c REPAIR AND MAINTENANCE	140,477,226.	124,156,296.	16,141,262.	179,668.
d PENSION AND POSTRETIREM	11,353,000.		11,353,000.	
e All other expenses	480,627,567.	327,973,064.	147,520,402.	5,134,101.
25 Total functional expenses. Add lines 1 through 24e	7,867,827,465.	6,675,446,917.	1,147,762,019.	44,618,529.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,076,553,952.	1	1,159,827,824.
	2 Savings and temporary cash investments	463,805,100.	2	871,586,341.
	3 Pledges and grants receivable, net	488,399,316.	3	537,361,687.
	4 Accounts receivable, net	431,246,601.	4	458,516,930.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	104,000.	5	100,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	84,097,250.	7	73,292,729.
	8 Inventories for sale or use	1,265,000.	8	1,023,000.
	9 Prepaid expenses and deferred charges	111,214,657.	9	113,859,584.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 10,866,208,452.		
	b Less accumulated depreciation	10b 4,123,866,698.	10c	6,742,341,754.
	11 Investments - publicly traded securities	2,040,850,287.	11	1,847,890,120.
	12 Investments - other securities. See Part IV, line 11	2,242,762,000.	12	2,437,438,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	31,549,000.	14	31,549,000.
	15 Other assets. See Part IV, line 11	278,493,279.	15	299,877,116.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,490,632,029.	16	14,574,664,085.	
Liabilities	17 Accounts payable and accrued expenses	987,440,373.	17	1,084,591,242.
	18 Grants payable		18	
	19 Deferred revenue	872,993,000.	19	910,720,000.
	20 Tax-exempt bond liabilities	2,953,127,000.	20	3,580,911,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	300,210,000.	23	457,976,000.
	24 Unsecured notes and loans payable to unrelated third parties	1,354,874,000.	24	1,435,275,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,183,870,129.	25	1,432,412,432.
	26 Total liabilities. Add lines 17 through 25	7,652,514,502.	26	8,901,885,674.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,379,097,870.	27	2,076,908,633.
	28 Temporarily restricted net assets	1,289,423,712.	28	1,356,578,049.
	29 Permanently restricted net assets	2,169,595,945.	29	2,239,291,729.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,838,117,527.	33	5,672,778,411.
34 Total liabilities and net assets/fund balances	13,490,632,029.	34	14,574,664,085.	

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,717,095,477.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,867,827,465.
3	Revenue less expenses Subtract line 2 from line 1	3	-150,731,988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,838,117,527.
5	Net unrealized gains (losses) on investments	5	-14,607,128.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,672,778,411.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1019592114.	1044889535.	1125243260.	1238136656.	1287796390.	5715657955.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1019592114.	1044889535.	1125243260.	1238136656.	1287796390.	5715657955.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						5715657955.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1019592114.	1044889535.	1125243260.	1238136656.	1287796390.	5715657955.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	132,377,284.	107,958,668.	128,510,326.	134,756,741.	148,802,852.	652,405,871.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,042,645.	7,871,518.	3,754,460.	1,114,320.	302,196.	19,085,139.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	120,171,437.	188,804,244.	294,821,089.	160,328,151.	46,461,249.	810,586,170.
11 Total support. Add lines 7 through 10						7197735135.
12 Gross receipts from related activities, etc. (see instructions)					12	25,328,562,099.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	79.41	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	75.63	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI).		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

PART II LINE 10

OTHER INCOME INCLUDES OTHER AUXILIARY ENTERPRISES AND OTHER

MISCELLANEOUS INCOME.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		250.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		9,295.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		621,162.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,934.
j Total. Add lines 1c through 1i.			642,641.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

PART 11-B LINE 1

NYU UTILIZES VOLUNTEERS AS PART OF NYU IN ALBANY DAY.

NYU UTILIZES PAID EMPLOYEES TO HAVE MINIMAL CONTACT WITH ELECTED

OFFICIALS. ADDITIONALLY, NYU HAS FOUR PRINCIPAL LOBBYISTS ON RETAINER WHO

HAVE DIRECT CONTACT WITH LEGISLATORS AND STAFF CONCERNING UNIVERSITY

MATTERS.

Part IV Supplemental Information (continued)

NYU SENDS LETTERS TO FEDERAL, STATE, AND LOCAL OFFICIALS ON PUBLIC POLICY.

A SMALL PERCENTAGE OF MEMBERSHIP DUES THE UNIVERSITY PAYS TO THE FOLLOWING

ASSOCIATIONS ARE REPORTED. AAU (ASSOCIATION OF AMERICAN UNIVERSITIES),

NAICU (NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES) AND

TSC (THE SCIENCE COALITION).

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018**Open to Public
Inspection**

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input checked="" type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	0.28
c Number of conservation easements on a certified historic structure included in (a)	1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	1

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☒ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2018

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☒ Public exhibitiond ☒ Loan or exchange programsb ☒ Scholarly researche ☐ Otherc ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,182,457,447.	4,039,147,077.	3,551,832,192.	3,440,122,879.	3,398,521,211.
b Contributions	155,303,286.	178,132,991.	231,429,703.	169,200,278.	178,208,969.
c Net investment earnings, gains, and losses	120,707,053.	318,063,963.	453,330,554.	125,109,083.	42,883,564.
d Grants or scholarships	49,059,790.	45,129,982.	39,552,001.	36,319,292.	32,408,574.
e Other expenditures for facilities and programs	206,374,509.	301,880,923.	155,148,796.	141,280,466.	140,961,222.
f Administrative expenses	19,709,397.	5,875,679.	2,744,575.	5,000,290.	6,121,069.
g End of year balance	4,183,324,090.	4,182,457,447.	4,039,147,077.	3,551,832,192.	3,440,122,879.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 32.00 %b Permanent endowment ☐ 68.00 %c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		169,526,000.		169,526,000.
b Buildings		8,302,467,605.	3,478,699,095.	4,823,768,510.
c Leasehold improvements		482,535,000.		482,535,000.
d Equipment		1,103,777,847.	645,167,603.	458,610,244.
e Other		807,902,000.		807,902,000.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				6,742,341,754.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH & OTHER	1,374,965.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	888,743,421.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME SECURITIES	2,447,120.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	787,114,819.	END-OF-YEAR MARKET VALUE
(E) NATURAL RESOURCES	74,550,319.	END-OF-YEAR MARKET VALUE
(F) OPPORTUNISTIC & CREDIT	164,549,063.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY	287,154,018.	END-OF-YEAR MARKET VALUE
(H) REAL ASSETS	190,837,275.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,437,438,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BENEFIT OBLIGATION	148,793,000.
(3) ACCRUED POST RETIREMENT OBLIGATION	737,580,444.
(4) ASSET RETIREMENT OBLIGATION	220,881,000.
(5) DUE TO AFFILIATES	35,988.
(6) FUNDS HELD FOR OTHERS	325,122,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,432,412,432.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE UNIVERSITY DOES NOT ASSIGN VALUES TO COLLECTION ITEMS. COLLECTION

ITEMS ARE GENERALLY HELD FOR EDUCATIONAL PURPOSES AND ARE NOT DISPOSED OF

FOR FINANCIAL GAIN OR OTHERWISE ENCUMBERED IN ANY MANNER.

PART III, LINE 4:

COLLECTIONS AT THE UNIVERSITY INCLUDE WORKS OF ART, LITERARY WORKS,

HISTORICAL TREASURES, AND ARTIFACTS THAT ARE MAINTAINED IN THE

UNIVERSITY'S GALLERIES, LIBRARIES, AND BUILDINGS. THESE COLLECTIONS ARE

PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND

THE FURTHERANCE OF PUBLIC SERVICE AND, THEREFORE, ARE NOT RECOGNIZED AS

ASSETS ON THE CONSOLIDATED BALANCE SHEET. COSTS ASSOCIATED WITH

Part XIII Supplemental Information (continued)

ACQUISITION AND MAINTENANCE OF THESE COLLECTIONS ARE RECORDED AS EXPENSES

IN THE PERIOD IN WHICH THEY ARE INCURRED.

PART V, LINE 4:

NYU'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF

PURPOSES SUCH AS. PROGRAM SUPPORT, FACULTY AND STAFF SALARIES,

SCHOLARSHIPS AND FELLOWSHIPS, LIBRARY BOOKS, RESEARCH, BUILDINGS AND

EQUIPMENT, AND STUDENT ASSISTANCE.

Part XIII	Supplemental Information <i>(continued)</i>
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Part VII Investments - Other Securities. See Form 990, Part X, line 12[illegible]

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
► **Attach to Form 990 or Form 990-EZ.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.

SEE PART II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

YES NO

1 X

2 X

3 X

4a X

4b X

4c X

4d X

5a X

5b X

5c X

5d X

5e X

5f X

5g X

5h X

6a X

6b X

7 X

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

Schedule E (Form 990 or 990-EZ) 2018

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable

Also provide any other additional information

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY.

ALL ADVERTISEMENTS AND MARKETING MATERIALS, INCLUDING

ADVERTISEMENTS IN NEWSPAPERS, CONTAIN THE NYU

NONDISCRIMINATION POLICY STATEMENT. ADDITIONALLY, THE

UNIVERSITY'S WEB-SITE (WWW.NYU.EDU) PROMINENTLY FEATURES

INSTITUTIONAL POLICIES ON NONDISCRIMINATION AND EQUAL

OPPORTUNITY.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS FEDERAL, STATE &

LOCAL AGENCIES.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA	1	1	EDUCATION/RESEARCH	INSTRUCTION	740,409.
EAST ASIA AND THE PACIFIC	2	8	EDUCATION/RESEARCH	INSTRUCTION	7,080,242.
EUROPE	13	148	EDUCATION/RESEARCH	INSTRUCTION	66,470,279.
MIDDLE EAST AND NORTH AFRICA	2	453	EDUCATION/RESEARCH	INSTRUCTION	214,941,024.
SOUTH AMERICA	1	10	EDUCATION/RESEARCH	INSTRUCTION	3,860,110.
SUB-SAHARAN AFRICA	3	44	EDUCATION/RESEARCH	INSTRUCTION	4,619,543.
SOUTH ASIA	1	10	EDUCATION/RESEARCH	INSTRUCTION	389,210.
NORTH AMERICA	0	0	EDUCATION/RESEARCH	INSTRUCTION	320,492.
3 a Subtotal	23	674			298,421,309.
b Total from continuation sheets to Part I	0	0			694,376,282.
c Totals (add lines 3a and 3b)	23	674			992,797,591.

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

Schedule F (Form 990) 2018

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	EDUCATION/RESEARCH	INSTRUCTION	5,076.
CENTRAL AMERICA	0	0	INVESTMENTS		584,973,337.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		39,442,341.
EUROPE	0	0	INVESTMENTS		69,955,528.
Totals					694,376,282.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

▶ _____
▶ _____

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	235	7,166,246.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EAST ASIA AND THE PACIFIC	3,060	61,167,184.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EUROPE	913	31,796,267.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	MIDDLE EAST & NORTH AFRICA	543	28,931,738.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	NORTH AMERICA	386	10,413,740.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	RUSSIA-NEWLY INDEPENDENT	191	8,758,265.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH AMERICA	469	12,275,903.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH ASIA	1,183	29,674,364.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SUB-SAHARAN AFRICA	274	10,890,096.	CREDIT TO BURSAR ACCOUNTS	0.		

Schedule F (Form 990) 2018

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

Part V Supplemental Information

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

PART I, LINE 2:

GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS OUTSIDE THE UNITED

STATES REPRESENT STUDENT FINANCIAL AID. STUDENTS RECEIVING FINANCIAL AID

ARE DETERMINED TO BE WORTHY BY THE UNIVERSITY'S ASSESSMENT ON THE BASIS

OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS. THE

OFFICE OF FINANCIAL AID CONTINUOUSLY MONITORS STUDENT ELIGIBILITY FOR

THESE AWARDS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		FACES GALA (event type)	INTL HOSPITALITY INDUSTRY CONF. (event type)	28 (total number)		
Revenue	1	Gross receipts	5,434,007.	2,125,150.	2,695,180.	10,254,337.
	2	Less: Contributions	5,286,007.	1,627,600.	2,380,575.	9,294,182.
	3	Gross income (line 1 minus line 2)	148,000.	497,550.	314,605.	960,155.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	252,894.	191,264.	221,377.	665,535.
	10	Direct expense summary: Add lines 4 through 9 in column (d)				665,535.
	11	Net income summary: Subtract line 10 from line 3, column (d)				294,620.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary: Add lines 2 through 5 in column (d)				
	8	Net gaming income summary: Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

(I) ADDRESS OF FUNDRAISER: 1025 KIRKWOOD PKWY SW, CEDAR RAPIDS, IA 52404

Part IV Supplemental Information (continued)**Schedule G (Form 990 or 990-EZ)**

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018
**Open to Public
Inspection**

Name of the organization **NEW YORK UNIVERSITY** Employer identification number **13-5562308**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOWERY RESIDENTS' COMMITTEE, INC. 131 WEST 25TH STREET NEW YORK, NY 10001	13-2736659	501(C)(3)	15,000.	0.			SUPPORT
BRIC ARTS MEDIA BROOKLYN, INC. 647 FULTON ST. BROOKLYN, NY 11217	11-2547268	501(C)(3)	22,500.	0.			SUPPORT
CENTER FOR ARCHITECTURE 403 NW 11TH AVE PORTLAND, OR 97209	26-4324314	501(C)(3)	5,400.	0.			SUPPORT
DOWNTOWN BROOKLYN PARTNERSHIP 1 METRO TECH CENTER BROOKLYN, NY 11201	20-5323707	501(C)(3)	11,500.	0.			SUPPORT
DUMBO DISTRICT MANAGEMENT ASSOCIATION INC. - 20 JAY ST STE 510 - BROOKLYN, NY 11201	20-0214837	501(C)(3)	10,000.	0.			SUPPORT
EDUCATION ALLIANCE 1001 CENTENNIAL WAY, STE 200 LANSING, MI 48917	38-3447406	501(C)(3)	5,000.	0.			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 17.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIGHT FOR SIGHT INC. 200 CENTRAL PARK S APT 28C NEW YORK, NY 10019	13-6195863	501(C)(3)	9,000.	0.			SUPPORT
FRACTURED ATLAS, INC. 228 PARK AVENUE SOUTH #56651 NEW YORK, NY 10003-1502	11-3451703	501(C)(3)	5,000.	0.			SUPPORT
GREENWICH HOUSE, INC. 122 WEST 27TH STREET, 6TH FLOOR BROOKLYN, NY 11201	13-5562204	501(C)(3)	14,000.	0.			SUPPORT
NATIONAL CENTER ON PHILANTHROPY AND THE LAW - 110 WEST 3RD STREET - D'AGOSTINO HALL - NEW YORK, NY 10012	13-3954405	501(C)(3)	290,000.	0.			SUPPORT
NEW YORK BUILDING CONGRESS 1040 AVENUE OF THE AMERICAS FL 21 NEW YORK, NY 10018	13-1097030	501(C)(6)	25,000.	0.			SUPPORT
NEW YORKERS FOR PARKS 55 BROAD STREET, 23RD FLOOR NEW YORK, NY 10004	13-6167879	501(C)(3)	10,000.	0.			SUPPORT
UNION SQUARE PARTNERSHIP 122 WEST 27TH STREET, 6TH FLOOR BROOKLYN, NY 11201	13-3004730	501(C)(3)	13,000.	0.			SUPPORT
UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK, NY 10016	13-2617681	501(C)(3)	28,411.	0.			SUPPORT
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK - 184 ELDRIDGE STREET - NEW YORK, NY 10002	13-5562374	501(C)(3)	10,000.	0.			SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE ALLIANCE DISTRICT MANAGEMENT ASSOCIATION INC. - 8 EAST 8TH STREET - NEW YORK, NY 10003	13-3743340	501(C)(3)	7,500.	0.			SUPPORT
VILLAGECARE FOUNDATION 120 BROADWAY, SUITE 2840 NEW YORK, NY 10271	13-3471553	501(C)(3)	8,000.	0.			SUPPORT
WASHINGTON SQUARE PARK CONSERVANCY INC. - WASHINGTON SQUARE PARK - NEW YORK, NY 10011	46-1406128	501(C)(3)	15,000.	0.			SUPPORT

Schedule I (Form 990)

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT FINANCIAL AID	27740	515,390,936.	0.		

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

PART I, LINE 2:

GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS IN THE UNITED STATES

REPRESENT STUDENT FINANCIAL AID. STUDENTS RECEIVING FINANCIAL AID ARE

DETERMINED TO BE WORTHY BY THE UNIVERSITY'S ASSESSMENT ON THE BASIS OF

ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS. THE

OFFICE OF FINANCIAL AID AND THE FINANCE OFFICE FOR EACH COLLEGE

CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW HAMILTON TRUSTEE & PRESIDENT	(i)	1,520,282.	0.	0.	343,470.	192,990.	2,056,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN DORPH EXECUTIVE VICE PRESIDENT	(i)	752,414.	0.	55,461.	27,500.	24,809.	860,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHERINE FLEMING PROVOST	(i)	824,160.	0.	108,000.	27,500.	197.	959,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT GROSSMAN EX-OFFICIO, DEAN & CEO	(i)	1,672,589.	0.	39,974.	1,273,670.	3,437.	2,989,670.	0.
	(ii)	1,672,589.	0.	39,974.	1,273,670.	3,437.	2,989,670.	0.
(5) TERRANCE NOLAN GEN. COUNSEL & SECRETARY	(i)	679,346.	0.	0.	27,500.	17,369.	724,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEPHANIE PIANKA CFO	(i)	491,193.	24,650.	0.	27,500.	9,353.	552,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PIETRINA SCARAGLINO ASSOCIATE SECRETARY	(i)	371,155.	0.	0.	27,500.	24,677.	423,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW BROTMAN SVP. & VICE DEAN	(i)	793,709.	0.	4,301.	473,248.	0.	1,271,258.	0.
	(ii)	793,709.	0.	4,301.	473,248.	0.	1,271,258.	0.
(9) THOMAS J CAREW DEAN OF FAS	(i)	546,897.	0.	0.	27,500.	17,369.	591,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LINDA CHIARELLI SNR. VP OF CAP PROJECTS & FACILITIES	(i)	672,376.	50,000.	0.	27,500.	15,713.	765,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	(i)	735,707.	833,665.	0.	13,750.	10,097.	1,593,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID KOEHLER INT. SVP FOR DEVEL. (START: 5/1/18)	(i)	375,693.	118,123.	0.	23,221.	17,369.	534,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KEN MANOTTI SVP. FOR DEVELOPMENT (END: 4/30/18)	(i)	356,460.	0.	3,340.	27,500.	7,236.	394,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LINDA MILLS VC. GLOBAL PROGRAMS	(i)	695,125.	0.	0.	27,500.	24,809.	747,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JANINE WILCOX TREASURER	(i)	240,086.	9,574.	0.	24,190.	9,161.	283,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JOHN BENDO VICE CHAIR, CLINICAL AFFAIRS	(i)	3,106,750.	236,351.	30,565.	26,670.	9,961.	3,410,297.	0.
	(ii)	14,671.	1,116.	144.	126.	47.	16,104.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANTHONY K FREMPONG-BOADU DIR. DIV. OF SPINAL NEUROSURGERY	(i)	3,239,746.	0.	1,097.	26,751.	7,134.	3,274,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) RONNIE HERSHMAN CLINICAL INSTRUCTOR	(i)	2,789,992.	0.	3,484.	26,751.	10,008.	2,830,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) RALPH S. MOSCA DIRECTOR, CONGENITAL HEART CENTER	(i)	3,107,157.	0.	3,954.	27,500.	6,795.	3,145,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) HOWARD ANTHONY RIINA DIRECTOR, NEUROSURGERY	(i)	2,261,915.	79,472.	2,080.	27,211.	13,942.	2,384,620.	0.
	(ii)	24,002.	843.	22.	289.	148.	25,304.	0.
(21) ROBERT BERNE FORMER EVP. FOR HEALTH	(i)	1,485,755.	0.	0.	27,500.	17,369.	1,530,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) DAVID W. MCLAUGHLIN FORMER PROVOST	(i)	399,607.	0.	25,000.	27,500.	17,369.	469,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JOHN E SEXTON FORMER PRESIDENT	(i)	494,511.	0.	217,711.	24,500.	8,846.	745,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) DEBRA LAMORTE FORMER SVP. FOR DEVELOPMENT	(i)	334,167.	0.	0.	25,000.	9,478.	368,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

ONE FORMER OFFICER TRAVELED FIRST CLASS FOR BUSINESS TRAVEL WHICH WAS

DETERMINED TO BE AN ORDINARY AND NECESSARY BUSINESS EXPENSE AND THEREFORE

NOT TREATED AS TAXABLE INCOME.

THE SPOUSE OF ONE OFFICER ON OCCASION ACCOMPANIED THE OFFICER ON UNIVERSITY

BUSINESS. THE PRIMARY PURPOSE OF THE TRAVEL WAS TO CONDUCT UNIVERSITY

BUSINESS INCLUDING SUPPORTING UNIVERSITY RELATIONS, CULTIVATING DONORS FOR

THE PURPOSE OF LOCAL, NATIONAL, AND INTERNATIONAL FUNDRAISING, ASSISTING

WITH OFFICIAL EVENTS FOR FACULTY, TRUSTEES, DONORS, ALUMNI, COMMUNITY AND

REPRESENTING THE UNIVERSITY AT OFFICIAL FUNCTIONS. UNDER APPLICABLE RULES,

THE COST OF THE TRAVEL WAS NOT REQUIRED TO BE REPORTED AS TAXABLE

COMPENSATION TO THE OFFICER.

ONE OFFICER RECEIVED UNIVERSITY HOUSING WITHOUT CHARGE. THE HOUSING

QUALIFIED FOR EXCLUSION FROM TAX UNDER IRC 119.

ONE OFFICER HAD A CAR AND DRIVER AVAILABLE FOR USE, AND INCOME WAS IMPUTED

ON THE PERSONAL USE OF THE VEHICLE AND DRIVER.

Part III Supplemental Information

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

ONE FORMER OFFICER AND ONE OFFICER RECEIVED TAX GROSS-UP PAYMENTS WHICH
WERE INCLUDED IN THEIR TAXABLE INCOMES.

PART I, LINE 4B:

PRESIDENT EMERITUS SEXTON RECEIVED CERTAIN RETIREMENT PAYMENTS (THE "SERP
ANNUAL PAYMENTS") REDUCED BY RETIREMENT PAYMENTS OTHERWISE OWED TO DR.
SEXTON AND TAX PAYMENTS MADE ON HIS BEHALF THAT HAVE BEEN PREVIOUSLY
DISCLOSED.

PRESIDENT HAMILTON SHALL RECEIVE A PAYMENT OF TWO HUNDRED FIFTY THOUSAND
DOLLARS IN DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS
PRESIDENT SHOULD HE SERVE THE ENTIRE FIVE YEAR TERM. EACH ANNUAL
INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN
DR. HAMILTON AND THE UNIVERSITY.

ROBERT GROSSMAN, MD - DEAN OF NYU SCHOOL OF MEDICINE- PARTICIPATED IN A
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (SERP) DURING CALENDAR YEAR
2018. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS \$2,519,839 FOR CALENDAR

Part III Supplemental Information

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

YEAR 2018. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYU LANGONE

HOSPITALS AND NYU SCHOOL OF MEDICINE. THE SUPPLEMENTAL SERP CONTRIBUTIONS

WERE MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN.

ANDREW BROTMAN, MD - SENIOR VICE PRESIDENT AND VICE DEAN- PARTICIPATED IN A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (SERP) DURING CALENDAR YEAR

2018. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS \$918,996 FOR CALENDAR YEAR

2018. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYU LANGONE

HOSPITALS AND NYU SCHOOL OF MEDICINE. THE SUPPLEMENTAL SERP CONTRIBUTIONS

WERE MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. BROTMAN.

PART I, LINE 5:

TWO OF THE HIGHEST PAID EMPLOYEES RECEIVED COMPENSATION OVER A BASE SALARY

BASED ON THE SURPLUS OF REVENUE AFTER EXPENSES FOR THE FACULTY GROUP

PRACTICE.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ENTITY

1

OMB No 1545-0047

2018
Open to Public
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I Bond Issues

SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK DASNY (CUSIP # 649906TQ7)	14-6000293	649906TQ7	04/26/12	232,921,461.	SEE SUPPLEMENTAL INFORMATION		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906VS0)	14-6000293	649906VS0	05/17/12	61,224,691.	SEE SUPPLEMENTAL INFORMATION		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649907WP3)	14-6000293	649907WP3	10/08/13	135,927,356.	SEE SUPPLEMENTAL INFORMATION		X		X		X
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 000000000)	14-6000293	000000000	10/28/14	55,000,000.	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	43,085,000.				12,730,000.		2,790,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	232,945,093.		61,226,336.		135,970,344.		55,000,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	183,180,000.						55,000,000.	
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	46,144,013.		60,767,589.		135,963,320.			
11 Other spent proceeds	3,621,080.		458,747.		7,024.			
12 Other unspent proceeds								
13 Year of substantial completion	2015		2013		2015		2014	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2018

**SCHEDULE K
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

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

ENTITY

2

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I Bond Issues

SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990BFE8)	14-6000293	64990BFE8	04/22/15	785,388,019.	SEE SUPPLEMENTAL INFORMATION		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990CEC1)	14-6000293	64990CEC1	06/14/16	687,667,333.	SEE SUPPLEMENTAL INFORMATION		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990CC90)	14-6000293	64990CC90	06/01/17	522,276,122.	SEE SUPPLEMENTAL INFORMATION		X		X		X
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990C7S4)	14-6000293	64990C7S4	05/17/18	398,392,192.	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	25,130,000.				3,015,000.		1,055,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	785,388,019.		692,193,649.		522,276,122.		402,376,611.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	680,315,991.				368,455,700.			
7 Issuance costs from proceeds			4,937.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	105,060,856.		679,145,692.		153,815,041.		370,834,683.	
11 Other spent proceeds	11,172.							
12 Other unspent proceeds			13,043,021.		5,381.		31,541,929.	
13 Year of substantial completion	2015		2019		2017		2021	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?		X		X	X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2018

**SCHEDULE K
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

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

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

ENTITY

3

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I Bond Issues

SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
DORMITORY AUTHORITY OF THE STATE OF A NEW YORK (CUSIP # 64990GJT0)	14-6000293	64990GJT0	02/22/19	705,122,518.	SEE SUPPLEMENTAL INFORMATION		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		709,449,837.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		137,961,232.						
11 Other spent proceeds								
12 Other unspent proceeds		571,488,605.						
13 Year of substantial completion		2021						
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2018

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.06 %		1.19 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		1.31 %		.06 %
6 Total of lines 4 and 5		.00 %		.00 %		1.37 %		1.25 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.89 %		.00 %		.01 %		.03 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.72 %		.00 %		.07 %		.35 %
6 Total of lines 4 and 5		1.61 %		.00 %		.08 %		.38 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.06 %		%		%		%
6 Total of lines 4 and 5		.06 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.[illegible]

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK DASNY (CUSIP # 649906TQ7)

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK DASNY (CUSIP # 649906TQ7)

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/31/2013

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906VS0)

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/30/2013

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649907WP3)

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/08/2013

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 000000000)

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/28/2014

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

(A) ISSUER NAME.

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990BFE8)

DATE THE REBATE COMPUTATION WAS PERFORMED: 04/22/2015

ALL BONDS:

SCHEDULE K, PART II, LINE 6 REFLECTS ORIGINAL REFUNDING BOND PROCEEDS
DEPOSITED IN REFUNDING ESCROWS. ESCROW BALANCE MAY BE LOWER AT PRESENT
AS BONDS WERE CALLED/DEFEASED.

SCHEDULE K, PART II, LINE 13:

YEAR OF SUBSTANTIAL COMPLETION REFERS TO THE CALENDAR YEAR.

SCHEDULE K, PART I (F), DESCRIPTION OF PURPOSE:

BOND SET #1 - NYU

BOND (A) DASNY (CUSIP# 649906TQ7)

TO. (I) PAY, OR REIMBURSE THE UNIVERSITY FOR THE PAYMENT OF COSTS OF
THE SERIES 2012A PROJECT WHICH CONSISTS OF RENOVATION, FURNISHING AND
EQUIPPING OF AN ACADEMIC BUILDING TO BE USED BY THE NYU SCHOOL OF LAW
AND THE ACQUISITION, RENOVATION, FURNISHING AND EQUIPPING OF A
CONDOMINIUM UNIT TO BE USED FOR ADMINISTRATIVE OFFICES; (II) REFUND OR
REIMBURSE THE UNIVERSITY FOR THE REFUNDING OF ALL OR A PORTION OF THE
NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY CIVIC FACILITY REVENUE
BONDS, SERIES 2001 AND THE DASNY NEW YORK UNIVERSITY INSURED REVENUE
BONDS, 2001 SERIES 2; AND (III) TO REPAY A LINE OF CREDIT USED TO PAY
THE DASNY INSURED REVENUE BONDS, SERIES 2003B.

BOND (B) DASNY (CUSIP # 649906VS0)

TO PAY, OR REIMBURSE THE UNIVERSITY FOR THE PAYMENT OF, COSTS OF THE
SERIES 2012 PROJECT WHICH CONSISTS OF THE ACQUISITION, CONSTRUCTION,
FURNISHING AND EQUIPPING OF THE UNIVERSITY'S PORTION OF A BUILDING
LOCATED ON CAMPUS.

BOND (C) DASNY (CUSIP #649907WP3)

TO FINANCE OR REFINANCE THE COST OF THE ACQUISITION, CONSTRUCTION,
RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE
SERIES 2013A PROJECT WHICH INCLUDES MULTIPLE FACILITIES ON CAMPUS.

BOND (D) DASNY (NO CUSIP - PRIVATE PLACEMENT, SERIES 2014A)

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

TO REFUND THE DASNY INSURED REVENUE BONDS, SERIES 2004A.

BOND SET #2 - NYU

BOND (A) DASNY (CUSIP# 64990BFE8)

TO (I) TO REFUND A PORTION OF THE DASNY SERIES 2007A, SERIES 2008A, SERIES 2008B AND SERIES 2008C BONDS; AND (II) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2015A PROJECT, WHICH COVERS MULTIPLE FACILITIES ON CAMPUS.

BOND (B) DASNY (CUSIP# 64990CEC1)

TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2016 PROJECT, AND (II) TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2016 BONDS.

BOND (C) DASNY (CUSIP# 64990CC90)

TO (I) FINANCE OR REFINANCE THE COST OF THE SERIES 2017 PROJECT AND (II) TO REFUND A PORTION OF THE DASNY REVENUE BONDS SERIES 2009A, 2009B, AND NYC IDA CIVIC FACILITY REFUNDING REVENUE BONDS (2007 POLYTECHNIC UNIVERSITY PROJECT).

BOND (D) DASNY (CUSIP# 64990C7S4)

TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2018 PROJECT.

BOND SET #3 - NYU

BOND (A) DASNY (CUSIP # 64990GJT0)

TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2019 PROJECT.

(Form 990 or 990-EZ)

OMB No 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
---------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$ _____

▶ \$ _____

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ANDREW BROTMAN	EMPLOYEE	MORTGAGE		X	100,000.	100,000.		X	X		X	
Total						100,000.						

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN SAUNDERS (SON IN LAW)	TRUSTEE W. BERKLEY	234,862.	EMPLOYEE		X
R. SALK (DAUGHTER IN LAW)	FMR OFF R. BERNE	95,018.	EMPLOYEE		X
DR. MARCI LEVINE (SISTER)	TRUSTEE B. LEVINE	288,455.	EMPLOYEE		X
L. CHIARELLI (SPOUSE)	KEY EMP L CHIARELLI	157,403.	EMPLOYEE		X
ZVI BEN DOR (HUSBAND)	OFF. K. FLEMING	401,839.	EMPLOYEE		X
ELISABETH COHEN (SPOUSE)	OFF. R. GROSSMAN	412,871.	EMPLOYEE		X
LAURIE BROTMAN (SPOUSE)	KEY EMP A. BROTMAN	401,371.	EMPLOYEE		X
MAURA HOFSTADTER (DTR.)	KEY EMP T. CAREW	163,233.	EMPLOYEE		X
HARVEY DALE (SPOUSE)	FMR KE D. LAMORTE	233,160.	EMPLOYEE		X
OGDEN CAP. PROPERTIES LLC	TRUSTEE C. MILSTEIN	3,836,158.	LEASE SPACE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: OGDEN CAP. PROPERTIES LLC (CONTROLLED CORP.)

(A) NAME OF PERSON. 32 SIXTH AVENUE COMPANY, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE W. RUDIN

(C) AMOUNT OF TRANSACTION \$ 1,931,844.

(D) DESCRIPTION OF TRANSACTION: LEASE SPACE

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

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Open to Public Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	65	76,357	SEE SCHEDULE O
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		30,811	SEE SCHEDULE O
5 Clothing and household goods	X		1,462,232	SEE SCHEDULE O
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	406	37,551,170	SEE SCHEDULE O
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	466,100	SEE SCHEDULE O
18 Collectibles	X	1	17,500	SEE SCHEDULE O
19 Food inventory	X	46	12,773	SEE SCHEDULE O
20 Drugs and medical supplies	X	3,036	440,974	SEE SCHEDULE O
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MAGS, RECORDS)	X	28,979	428,150	SEE SCHEDULE O
26 Other (OTHER MISC.)	X	32	18,132	SEE SCHEDULE O
27 Other (SPORTING GDS)	X	92	10,259	SEE SCHEDULE O
28 Other (INSURANCE)	X	1	3,785	SEE SCHEDULE O

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

5

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

TRANSMISSION OF YELLOW FEVER, BOTH CREATORS OF THE POLIO VACCINE, AND

THE RESEARCHERS WHO FOUND THE LINKAGE BETWEEN KAPOSI'S SARCOMA AND

IMMUNE DEFICIENCY IN A DISTINCT POPULATION OF GAY MEN (A KEY STEP IN

IDENTIFYING AIDS), AMONG OTHER LEADERS IN MEDICINE. THROUGH AFFILIATION

AGREEMENTS, THE DOCTORS AND STUDENTS AT NYU SCHOOL OF MEDICINE PLAY A

CRUCIAL ROLE IN ENSURING TOP QUALITY CARE NOT ONLY AT NYU LANGONE

HEALTH, BUT ALSO AT THE MANHATTAN VA HOSPITAL AND BELLEVUE HOSPITAL

(ARGUABLY THE FOREMOST PUBLIC HOSPITAL IN THE U.S.). THE NYU COLLEGE OF

DENTISTRY, THE LARGEST DENTAL SCHOOL IN THE U.S. AND MOST COMPREHENSIVE

ORAL HEALTH CENTER IN THE WORLD, CARES FOR SOME 50,000 POOR AND LOW

INCOME NEW YORKERS EACH YEAR, OPERATES A MOBILE DENTAL CARE PROGRAM

WHICH TRAVELS TO UNDERSERVED AREAS OF NEW YORK STATE, AND HAS

ESTABLISHED A PROFESSION-LEADING CENTER TO SERVE THE ORAL HEALTH NEEDS

OF THOSE WITH DISABILITIES. IN ADDITION, NYU HAS A COLLEGE OF GLOBAL

PUBLIC HEALTH, AND NYU'S RORY MEYERS COLLEGE OF NURSING PROVIDES

UNDERGRADUATE AND GRADUATE EDUCATION FOR OVER 1,400 NURSING STUDENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LEADING PROGRAMS IN ECONOMICS, MATHEMATICS (AND PARTICULARLY APPLIED

MATHEMATICS), NEUROSCIENCE, GENOMICS, SOFT CONDENSED MATTER PHYSICS,

SOCIOLOGY, PHILOSOPHY, THE LAW, MEDICINE AND BIO-MEDICAL SCIENCES, THE

CINEMATIC AND PERFORMING ARTS, AND BUSINESS AND FINANCE, AMONG MANY

OTHER SCHOLARLY FIELDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization NEW YORK UNIVERSITY	Employer identification number 13-5562308
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STUDENT SERVICES; STUDENT AID; LIBRARY; AND OPERATION AND MAINTENANCE
OF PLANT.

EXP. \$ 2,203,112,937. GRANTS OF \$ 14,694,872. REVENUE \$ 781,355,763.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, ARGENTINA, AUSTRALIA, BERMUDA,

BRITISH VIRGIN IS, CAYMAN ISLANDS, CHINA, CYPRUS,

CZECH REPUBLIC, FRANCE, GERMANY, GHANA,

GREECE, IRAN, IRELAND, ISRAEL,

ITALY, JERSEY, SPAIN, UNITED ARAB EMIRATES,

UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 2:

1) LARRY SILVERSTEIN (TRUSTEE) AND LISA SILVERSTEIN (TRUSTEE) HAD A FAMILY
RELATIONSHIP DURING THE YEAR ENDED AUGUST 31, 2019.

FORM 990, PART VI, SECTION A, LINE 6:

THE VOTING TRUSTEES ARE MEMBERS OF THE UNIVERSITY WHO HAVE THE POWER TO
APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY AND CERTAIN OTHER POWERS
PURSUANT TO NY LAW.

FORM 990, PART VI, SECTION A, LINE 7A:

THE VOTING TRUSTEES ARE MEMBERS OF THE UNIVERSITY WHO HAVE THE POWER TO
APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY AND CERTAIN OTHER POWERS
PURSUANT TO NY LAW.

FORM 990, PART VI, SECTION A, LINE 7B:

THE VOTING TRUSTEES ARE MEMBERS OF THE UNIVERSITY WHO HAVE THE POWER TO

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY AND CERTAIN OTHER POWERS

PURSUANT TO NY LAW.

FORM 990, PART VI, SECTION B, LINE 11B

THE FOLLOWING STEPS WERE TAKEN TO REVIEW THIS IRS FORM 990:

1. THE FORM 990 WAS REVIEWED AND APPROVED BY THE UNIVERSITY CONTROLLER.

2. THE FORM 990 WAS THEN REVIEWED AND APPROVED BY THE UNIVERSITY'S CHIEF

FINANCIAL OFFICER, THE UNIVERSITY'S EXECUTIVE VICE PRESIDENT AND OFFICE OF

GENERAL COUNSEL.

3. THE FORM 990 WAS THEN PRESENTED TO THE UNIVERSITY'S AUDIT AND COMPLIANCE

COMMITTEE FOR REVIEW.

4. THE FORM 990 WAS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES FOR REVIEW.

5. THE COMPENSATION COMMITTEE OF BOARD OF TRUSTEES REVIEWED THE

COMPENSATION SECTIONS OF THE FORM 990.

6. FOLLOWING THE REVIEW PERIOD, THE FORM 990 WAS ELECTRONICALLY FILED WITH

THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C.

THE OFFICE OF GENERAL COUNSEL ANNUALLY SENDS OUT CONFLICT OF INTEREST

QUESTIONNAIRES TO OFFICERS, TRUSTEES AND KEY EMPLOYEES, REVIEWS COMPLETED

QUESTIONNAIRES AND CONSULTS WITH THOSE COMPLETING FORMS AS APPROPRIATE. IN

ADDITION, QUESTIONS ARISE PERIODICALLY THROUGHOUT THE YEAR AND ARE HANDLED

BY THE OFFICE OF GENERAL COUNSEL AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROPOSED COMPENSATION OF OFFICERS, TRUSTEES, KEY EMPLOYEES,

DISQUALIFIED PERSONS AND CERTAIN OTHERS (EXCEPT THE PRESIDENT) IS REVIEWED

ANNUALLY BY AN OUTSIDE CONSULTING FIRM AND THAT FIRM'S ANALYSIS IS

Name of the organization NEW YORK UNIVERSITY	Employer identification number 13-5562308
---	--

PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD FOR ITS REVIEW AND
APPROVAL. WHEN IT IS PROPOSED TO CHANGE THE COMPENSATION OF THE PRESIDENT,
THE BOARD CHAIRMAN ENGAGES A COMPENSATION CONSULTANT TO PREPARE A CUSTOM
SURVEY FOR CONSIDERATION BY THE COMPENSATION COMMITTEE OF THE BOARD, WHICH
THEN SETS HIS COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE ON ITS WEBSITE (WWW.NYU.EDU).

FORM 990, PART XII, LINE 2C

THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES HAS
RESPONSIBILITY FOR OVERSIGHT OF NYU'S FINANCIAL STATEMENT AUDIT AND
SELECTION OF ITS INDEPENDENT AUDITOR. THERE HAS BEEN NO CHANGE IN
PROCESS SINCE PRIOR YEAR.

FORM 990 PART III, LINE 1 - (CONTINUED FROM PAGE 2)

NYU IS RECOGNIZED BOTH NATIONALLY AND INTERNATIONALLY AS A LEADER IN
SCHOLARSHIP AND IS A MEMBER OF THE DISTINGUISHED ASSOCIATION OF
AMERICAN UNIVERSITIES. THE UNIVERSITY'S SCHOOLS AND INSTITUTES, EACH
WITH ITS OWN TRADITIONS, PROGRAMS AND FACULTY, ARE (IN ORDER OF
FOUNDING DATE): COLLEGE OF ARTS AND SCIENCE, SCHOOL OF LAW, SCHOOL OF
MEDICINE, COLLEGE OF DENTISTRY, GRADUATE SCHOOL OF ARTS AND SCIENCE,
STEINHARDT SCHOOL OF CULTURE EDUCATION AND HUMAN DEVELOPMENT, LEONARD
N. STERN SCHOOL OF BUSINESS, COURANT INSTITUTE OF MATHEMATICAL
SCIENCES, SCHOOL OF PROFESSIONAL STUDIES, INSTITUTE OF FINE ARTS,
ROBERT F. WAGNER GRADUATE SCHOOL OF PUBLIC SERVICE, SILVER SCHOOL OF

Name of the organization

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SOCIAL WORK, TISCH SCHOOL OF THE ARTS, GALLATIN SCHOOL OF

INDIVIDUALIZED STUDY, RORY MEYERS COLLEGE OF NURSING, THE INSTITUTE FOR

THE STUDY OF THE ANCIENT WORLD, NYU ABU DHABI, NYU SHANGHAI (NYU

SHANGHAI GRANTS NYU DEGREES AS A JOINT VENTURE WITH EAST CHINA NORMAL

UNIVERSITY), THE TANDON SCHOOL OF ENGINEERING, AND THE COLLEGE OF

GLOBAL PUBLIC HEALTH. THE UNIVERSITY ALSO OPERATES ACADEMIC PROGRAM

SITES AND RESEARCH PROGRAMS IN OTHER PARTS OF THE UNITED STATES AND

ABROAD.

SCHEDULE M-PART I COLUMN (D)

THE VALUATION RECORDED IN THE UNIVERSITY'S FUNDRAISING SYSTEM IS

USUALLY BASED UPON THE PROFESSIONAL APPRAISAL SUBMITTED WITH THE GIFT.

IN THE EVENT THERE IS NO APPRAISAL AND VALUATION CANNOT BE DETERMINED,

A NOMINAL VALUE OF \$2 IS RECORDED.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

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Inspection

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL CENTER ON PHILANTHROPY AND THE LAW - 13-3954405, 139 MACDOUGAL STREET, 1ST FLOOR, NEW YORK, NY 10012	STUDY, RESEARCH, EDUCATION ON PHILANTHROPY & THE LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU SCHOOL OF LAW FOUNDATION	X	
NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION - 13-6161036, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501(C)(3)	LINE 10	NEW YORK UNIVERSITY	X	
NYU IMAGING, INC. - 13-4000622 545 FIRST AVENUE NEW YORK, NY 10016	PERFORMS MEDICAL ACTIVITIES	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	X	
NYU SCHOOL OF LAW FACULTY RETENTION ASSISTANCE CORPORATION - 13-4047911, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU SCHOOL OF LAW FOUNDATION	X	

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NYU SCHOOL OF LAW HOUSING ASSISTANCE CORP. - 13-4043221, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU SCHOOL OF LAW FOUNDATION	X	
NYU SCHOOL OF LAW RECRUITMENT ASSISTANCE CORPORATION - 13-4043182, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU SCHOOL OF LAW FOUNDATION	X	
HAROLD ACTON TRUST - 13-7050560 105 EAST 17TH STREET, 2ND FL NEW YORK, NY 10003	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NEW YORK	501(C)(3)	LINE 12C, III-FI	NEW YORK UNIVERSITY	X	
WASHINGTON SQUARE LEGAL SERVICES, INC. - 23-7392120, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	CERTAIN PUBLIC INTEREST ACTIVITIES OF NYU'S SCHOOL OF LAW	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	X	
NYU IN ABU DHABI CORP - 26-2652713 C/O NYU - 105 EAST 17TH STREET, 2ND FLOOR NEW YORK, ABU DHABI, UNITED ARAB EMIRATES	SUPPORTS NYU'S CAMPUS IN ABU DHABI	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	X	
HORTENSE ACTON TRUST - 36-7110976 P.O BOX 1802 PROVIDENCE, RI 02901-1802	SUPPORT NYU'S CAMPUS IN FLORENCE, ITALY	ILLINOIS	501(C)(3)	PF	NEW YORK UNIVERSITY	X	
NYU LANGONE HOSPITALS - 13-3971298 550 FIRST AVENUE NEW YORK, NY 10016	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	NYU LANGONE HEALTH SYSTEM	X	
34TH STREET CANCER CENTER, INC. - 30-0262470 160 EAST 34TH STREET NEW YORK, NY 10016	CANCER CARE	NEW YORK	501(C)(3)	LINE 12C, III-FI	NYU LANGONE HEALTH SYSTEM	X	
NYU IN LONDON - 98-1074101 6 BEDFORD SQUARE , LONDON, UNITED KINGDOM WC1B 3RA	SUPPORT NYU'S PROGRAM IN LONDON	UNITED KINGDOM			NEW YORK UNIVERSITY	X	
NYU IN TEL-AVIV LTD. - 98-1058326 TUVAL 13 , RAMAT GAN, ISRAEL 52522	SUPPORT NYU'S PROGRAM IN TEL-AVIV	ISRAEL			NEW YORK UNIVERSITY	X	
NEW YORK UNIVERSITY IN FRANCE - 98-1058568 56, RUE DE PASSY , PARIS, FRANCE 75016	SUPPORTS NYU'S PROGRAM IN FRANCE	FRANCE			NEW YORK UNIVERSITY	X	
NYU LANGONE HEALTH SYSTEM - 47-2613531 550 FIRST AVENUE NEW YORK, NY 10016	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12B, II	NEW YORK UNIVERSITY	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NEW YORK UNIVERSITY IN AFGHANISTAN 150 MASJID E HAJI ABDURRAHIM STREE CHAWK E D KABUL, AFGHANISTAN	SUPPORTS NYU'S ACTIVITIES IN AFGHANISTAN	AFGHANISTAN			NEW YORK UNIVERSITY	X	
COMMUNITY CARE ORGANIZATION, INC. - 11-3001682, 246 55TH STREET, BROOKLYN, NY 11220	HOME HEALTH	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	X	
HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION - 11-3152691, 150 55TH STREET, BROOKLYN, NY 11220	HOUSING	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	X	
LUTHERAN AUGUSTANA CECR, INC. - 11-2150953 5434 2ND AVE BROOKLYN, NY 11220	EXTENDED CARE	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	X	
OHP PHSP INC. - 11-3245559 5800 3RD AVE BROOKLYN, NY 11220	INSURANCE	NEW YORK	501(C)(4)		NYU LANGONE HOSPITALS	X	
SHORE HILL HOUSING COMPANY, INC. - 23-7405105, 9000 SHORE RD, BROOKLYN, NY 11209	HOUSING	NEW YORK	501(C)(3)	PF	NYU LANGONE HEALTH SYSTEM	X	
SUNSET BAY COMMUNITY SERVICES, INC. - 11-2439925, 150 55TH STREET, BROOKLYN, NY 11220	DAY CARE & SENIOR SERVICES	NEW YORK	501(C)(3)	LINE 7	NYU LANGONE HEALTH SYSTEM	X	
SUNSET GARDENS HOUSING CORP. - 20-3461755 150 55TH ST BROOKLYN, NY 11220	HOUSING	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	X	
NYU LANGONE IPA, INC. - 36-4841069 550 FIRST AVENUE NEW YORK, NY 10016	IPA OPERATING A MEDICAID SHARED SAVINGS PROGRAM	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	X	
WINTHROP UNIV. HOSPITAL SVCS. CORP. - 11-2496631, 700 HICKSVILLE ROAD, BETHPAGE, NY 11714	TITLE HOLDING	NEW YORK	501(C)(2)		NYU WINTHROP HOSPITAL	X	
NYU WINTHROP HOSPITAL - 11-1633486 259 FIRST STREET MINEOLA, NY 11501	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	NYU LANGONE HEALTH SYSTEM	X	
KJC (REY JUAN CARLOS I DE ESPANA DE LA UNIVERSIDAD DE NUEVA YORK), CALLE SEGRE 8, , MADRID, SPAIN 28002	SUPPORT NYU'S PROGRAM IN SPAIN	SPAIN			NEW YORK UNIVERSITY	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations[illegible]

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NYU LANGONE DIAGNOSTICS, LLC - 30-1001205, 550 FIRST AVENUE, NEW YORK, NY 10016	OUTREACH TESTING	NY	NYU LANGONE HEALTH SYSTEM	RELATED				X	N/A		X	80.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CCC 550 INSURANCE SCC 550 FIRST AVENUE NEW YORK, NY 10016	EXCESS PROF. LIAB. INSURANCE	BARBADOS	NYU HOSPITALS CENTER	C CORP	56,212,000.	809,702,000.	100.00%	X	
LA PIETRA SRL VIA BOLOGNESE, 120 FIRENZE, ITALY 50139	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	ITALY	NEW YORK UNIVERSITY	C CORP	2,449,724.	25,946,775.	100.00%	X	
NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO., LTD., 1555 CENTURY AVENUE, ROOM 1063, PUDONG NEW AREA, SHANGHAI, CHINA	SUPPORTS NYU'S PROGRAM IN CHINA	CHINA	NEW YORK UNIVERSITY	C CORP	97,636.	480,661.	100.00%	X	
POOLED INCOME FUNDS (2) C/O NYU, 105 E.17TH STREET, 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	TRUST					X
CHARITABLE REMAINDER TRUSTS (8) C/O NYU, 105 E.17TH STREET, 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	TRUST					X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHORE HILL HOUSING ASSOCIATES GP, INC. - 26-2243695, 150 55TH STREET, BROOKLYN, NY 11220	HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
CARDIOVASCULAR MEDICAL ASSOCIATES, PC - 27-3629386, 975 STEWART AVENUE, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP CHILD NEUROLOGY ASSOCIATES, PC - 20-5682886, 173 MINEOLA BOULEVARD, SUITE 101, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP DENTAL PC - 45-4055800 700 HICKSVILLE ROAD BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PEDIATRIC ASSOCIATES PC - 11-2891904, 222 STATION PLAZA, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WOMEN'S CONTEMPORARY CARE ASSOCIATES, PC - 11-2707087, 120 MINEOLA BOULEVARD, SUITE 100, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP RADIOLOGY SERVICES, PC - 11-3016374 121 MINEOLA BOULEVARD MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL GROUP OF MINEOLA, PC - 81-1000704 222 STATION PLAZA MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP IPA - 45-4951888 700 HICKSVILLE ROAD BETHPAGE, NY 11714	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X
LONG ISLAND PRIMARY CARE ASSOCIATES - 11-3307827, 700 HICKSVILLE ROAD, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP CLINICAL PARTNERS - 45-4088169 259 FIRST STREET MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note:** Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l		X
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HORTENSE ACTON CHARITABLE TRUST	C	1,117,770	FAIR MARKET VALUE
(2) LA PIETRA SRL	J	1,187,223	FAIR MARKET VALUE
(3) LA PIETRA SRL	M	861,405	FAIR MARKET VALUE
(4) LA PIETRA SRL	N	275,522	FAIR MARKET VALUE
(5) NATIONAL CENTER ON PHILANTHROPY AND THE LAW, INC	B	290,000	FAIR MARKET VALUE
(6) NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION	B	15,036,664	FAIR MARKET VALUE

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) NEW YORK UNIVERSITY VEBB TRUST	R	10,487,800.	FAIR MARKET VALUE
(8) NYU HOSPITALS CENTER	O	55,744,064.	FAIR MARKET VALUE
(9) NYU HOSPITALS CENTER	P	992,559,220.	FAIR MARKET VALUE
(10) NYU HOSPITALS CENTER	Q	159,257,226.	FAIR MARKET VALUE
(11) NYU IN FRANCE	R	7,678,743.	FAIR MARKET VALUE
(12) NYU IN LONDON	R	5,013,881.	FAIR MARKET VALUE
(13) NYU IN LONDON	O	183,378.	FAIR MARKET VALUE
(14) NYU IN TEL AVIV LTD.	R	1,667,380.	FAIR MARKET VALUE
(15) SIR HAROLD ACTON CHARITABLE TRUST	C	956,644.	FAIR MARKET VALUE
(16) WASHINGTON SQUARE LEGAL SERVICES	P	83,408.	FAIR MARKET VALUE
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

NYU IN ABU DHABI CORP

EIN: 26-2652713

C/O NYU - 105 EAST 17TH STREET, 2ND FLOOR

NEW YORK, ABU DHABI, UNITED ARAB EMIRATES 10003

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**NAME AND ADDRESS OF RELATED ORGANIZATION:**

NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO.,

LTD.

1555 CENTURY AVENUE, ROOM 1063, PUDONG NEW AREA

SHANGHAI, CHINA 200122