Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2019 , and ending 08-31-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEW YORK UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
105 E 17TH STREET - 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100039580

D Employer identification number
13-5562308

E Telephone number
(212) 998-2955

G Gross receipts $ 9,609,645,084

F Name and address of principal officer:
MARTIN DORPH
105 E 17TH ST 4TH FL
NEW YORK,NY 100039580

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NYU.EDU

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1831

M State of legal domicile: NY

Part I Summary

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 ▶ ☐ 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**	55
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	50
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	46,490
6	Total number of volunteers (estimate if necessary)	**6**	5,429
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,493,242
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,287,796,390	1,205,644,208
9	Program service revenue (Part VIII, line 2g)	6,188,707,763	6,484,700,268
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163,662,390	246,562,540
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,928,934	74,357,143
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,717,095,477	8,011,264,159
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	733,196,208	770,549,801
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,359,303,945	4,670,109,896
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,150,020	1,157,411
b	Total fundraising expenses (Part IX, column (D), line 25) ▶45,681,077		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,774,177,292	2,535,734,890
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,867,827,465	7,977,551,998
19	Revenue less expenses. Subtract line 18 from line 12	-150,731,988	33,712,161

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,574,664,085	17,202,892,629
21	Total liabilities (Part X, line 26)	8,901,885,674	11,342,912,102
22	Net assets or fund balances. Subtract line 21 from line 20	5,672,778,411	5,859,980,527

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: 2021-07-13

▶ MARTIN DORPH EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

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 . . . . . ☑

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 $ 2,517,599,675 including grants of $ 762,225,922) (Revenue $ 2,820,133,000)

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 $ 2,816,429,533 including grants of $) (Revenue $ 2,890,402,000)

PATIENT CARE: NYU'S MEDICAL ACADEMIC PROGRAMS ARE A MAJOR ELEMENT OF THE UNIVERSITY'S MISSION. THE NYU GROSSMAN 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 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 GROSSMAN 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.

4c (Code:) (Expenses $ 892,511,488 including grants of $) (Revenue $ 762,784,431)

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 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.

(Code:) (Expenses $ 754,988,426 including grants of $ 8,323,879) (Revenue $ 774,165,268)

STUDENT SERVICES; STUDENT AID; LIBRARY; AND OPERATION AND MAINTENANCE OF PLANT.

4d Other program services (Describe in Schedule O.)
(Expenses $ 754,988,426 including grants of $ 8,323,879) (Revenue $ 774,165,268)

4e **Total program service expenses** ▶ 6,981,529,122

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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*	3		No
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*	4	Yes	
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*	5		No
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	6		No
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*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	11a	Yes	
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*	11b	Yes	
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*	11c		No
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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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*	16	Yes	
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* (see instructions)	17	Yes	
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*	18	Yes	
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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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*	22	Yes	
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*	23	Yes	
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*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	25a		No
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	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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*	33		No
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*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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*	35b	Yes	
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*	36	Yes	
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*	37		No
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.	38	Yes	

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 ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	63,324		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	46,490		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
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**	Yes
b	If "Yes," enter the name of the foreign country: ▶ AF,AR,AS,BD,VI,CJ,CH,CY,EZ,FR,GM,GH, GR,IR,EI,IS,IT,JE,SP,AE,UK,CA,LU 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**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**		No
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?			**15**	Yes	
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**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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.	**1a**	55		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	50		
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?		**2**	Yes	
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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
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?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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 105 E 17TH STREET 3RD FLOOR NEW YORK,NY 100039345 (212) 998-2913

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ 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 dotted 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	2.00	X						0	0	0
(3) KHALDOON KHALIFA AL MUBARAK TRUSTEE	2.00	X						0	0	0
(4) TAFFI 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						1,500	0	0
(13) STEVEN M COHEN TRUSTEE	2.00	X						0	0	0
(14) STUYVIE COMFORT TRUSTEE	2.00	X						0	0	0
(15) JINSONG DING TRUSTEE	2.00	X						0	0	0
(16) FIONA DRUCKENMILLER TRUSTEE	2.00	X						0	0	0
(17) GALE DRUKIER 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 dotted 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) JOEL S EHRENKRANZ TRUSTEE	2.00	X						0	0	0
(19) LUN FENG TRUSTEE	2.00	X						0	0	0
(20) LAURENCE D FINK TRUSTEE & VICE CHAIR	4.00	X		X				0	0	0
(21) LUIZ FRAGA TRUSTEE	2.00	X						0	0	0
(22) JEFFREY GOULD TRUSTEE	2.00	X						0	0	0
(23) LISA YOO HAHN TRUSTEE	2.00	X						0	0	0
(24) BEVERLY HYMAN TRUSTEE	2.00	X						0	0	0
(25) BORIS JORDAN TRUSTEE	2.00	X						0	0	0
(26) DAVID A KATZ TRUSTEE	2.00	X						0	0	0
(27) JONATHAN C KIM TRUSTEE	2.00	X						0	0	0
(28) ANDRE JL KOO TRUSTEE	2.00	X						0	0	0
(29) JOSEPH LANDY TRUSTEE	2.00	X						0	0	0
(30) MARK LESLIE TRUSTEE	2.00	X						0	0	0
(31) BRIAN A LEVINE MD TRUSTEE	2.00	X						0	0	0
(32) AMANDA LIPITZ TRUSTEE	2.00	X						0	0	0
(33) MARTIN LIPTON TRUSTEE	2.00	X						0	0	0
(34) KELLY KENNEDY MACK TRUSTEE	2.00	X						0	0	0
(35) MIMI MD MARZIANI TRUSTEE	2.00	X						0	0	0
(36) HOWARD MEYERS TRUSTEE	2.00	X						0	0	0
(37) RUTHIE ANN MILES TRUSTEE	2.00	X						0	0	0
(38) CONSTANCE J MILSTEIN TRUSTEE	2.00	X						0	0	0
(39) DAVID C OXMAN TRUSTEE	2.00	X						0	0	0
(40) JOHN PAULSON TRUSTEE	2.00	X						0	0	0
(41) DASHA RETTEW TRUSTEE	2.00	X						0	0	0
(42) CATHERINE B REYNOLDS TRUSTEE	2.00	X						0	0	0
(43) BRETT B ROCHKIND TRUSTEE	2.00	X						0	0	0
(44) LARRY A SILVERSTEIN TRUSTEE	2.00	X						0	0	0
(45) LISA SILVERSTEIN TRUSTEE	2.00	X						0	0	0
(46) JESSICA SWARTZ TRUSTEE	2.00	X						0	0	0
(47) ADAM TAKI TRUSTEE	2.00	X						0	0	0
(48) CHANDRIKA TANDON TRUSTEE & VICE CHAIR	6.00	X		X				0	0	0
(49) DAVID A TANNER TRUSTEE	2.00	X						0	0	0
(50) DANIEL R TISCH TRUSTEE & VICE CHAIR	2.00	X		X				0	0	0
(51) ANTHONY WELTERS TRUSTEE & VICE CHAIR	4.00	X		X				0	0	0
(52) LEONARD A WILF TRUSTEE & VICE CHAIR	4.00	X		X				0	0	0
(53) SASCIA YUAN TRUSTEE	2.00	X						0	0	0
(54) CHARLES ZEGAR TRUSTEE	2.00	X						0	0	0
(55) ANDREW HAMILTON TRUSTEE & PRESIDENT	70.00	X		X				1,519,396	0	554,742
(56) MARTIN DORPH EXECUTIVE VICE PRESIDENT	50.00			X				881,985	0	52,617
(57) KATHERINE FLEMING PROVOST	50.00			X				967,248	0	28,197
(58) ROBERT GROSSMAN EX-OFFICIO, DEAN & CEO	30.00 30.00			X				4,798,090	4,798,090	3,366,134
(59) TERRANCE NOLAN GENERAL COUNSEL & SECRETARY	50.00			X				694,973	0	45,225
(60) STEPHANIE PIANKA CFO	50.00			X				550,556	0	37,887
(61) PIETRINA SCARAGLINO ASSOCIATE SECRETARY	50.00			X				378,006	0	52,917
(62) ROBERT CASHION SVP OF DEVEL. & ALUMNI RELATIONS	50.00				X			887,927	0	50,565
(63) LINDA CHIARELLI SVP OF CAP PROJECTS & FACILITIES	50.00				X			776,318	0	37,341
(64) KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	50.00				X			1,787,310	0	38,265
(65) LINDA MILLS VC. GLOBAL PROGRAMS	50.00				X			713,309	0	52,617
(66) JANINE WILCOX TREASURER	50.00				X			267,784	0	27,395
(67) DAFNA BAR-SAGI EVP/VICE DEAN, CHIEF SCIENCE OFFICER	60.00					X		3,548,434	0	560,668
(68) ANDREW BROTMAN SVP & VICE DEAN	30.00 30.00					X		2,640,644	2,640,644	1,297,200
(69) ROBERT CERFOLIO EVP & VICE DEAN, CHIEF OF HOSP. OPS.	13.00 47.00					X		1,049,910	3,781,702	777,737
(70) ANNETTE JOHNSON EVP/VICE DEAN, GENERAL COUNSEL- SOM	30.00 30.00					X		1,724,843	1,724,843	566,242
(71) DANIEL WIDAWSKY EVP/VICE DEAN, CFO- SOM	30.00 30.00					X		2,882,912	2,882,912	767,506
(72) ROBERT BERNE FORMER EVP FOR HEALTH	50.00						X	866,561	0	36,612
(73) DAVID W MCLAUGHLIN FORMER PROVOST	50.00						X	431,722	0	45,225
(74) JOHN E SEXTON FORMER PRESIDENT	50.00						X	756,855	0	37,341
(75) THOMAS J CAREW FORMER DEAN OF FAS	50.00						X	558,877	0	45,225
(76) DAVID KOEHLER FORMER INT. SVP FOR DEVELOPMENT	50.00						X	437,694	0	45,225
(77) DEBRA LAMORTE FORMER SVP FOR DEVELOPMENT	50.00						X	334,394	0	35,006
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								29,457,248	15,828,191	8,557,889

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 ▶ 8,467

			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*	**3**	Yes	
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*	**4**	Yes	
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*	**5**		No

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	223,188,257
COLLINS BUILDING SERVICES INC COURT SQUARE PLACE 24-01 44TH ROAD LONG ISLAND CITY, NY 11101	JANITORIAL	108,257,658
SUFFOLK CONSTRUCTION COMPANY INC ONE PENNSYLVANIA PLAZA SUITE 5500 NEW YORK, NY 10119	CONSTRUCTION	76,442,473
CHANGE HEALTHCARE TECH ENABLED SVCS LLC 5995 WINDWARD PARKWAY ALPHARETTA, GA 30005	COMPUTER & DATA PROCESSING	66,941,952
EAGLE TECHNOLOGY INC 11019 NORTH TOWNE SQUARE ROAD MEQUON, WI 53092	SOFTWARE	65,586,000

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 ▶ 1,418

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	95,074,459				
d Related organizations	1d	981,327				
e Government grants (contributions)	1e	762,784,431				
f All other contributions, gifts, grants, and similar amounts not included above	1f	346,803,991				
g Noncash contributions included in lines 1a - 1f:$	1g	45,442,461				
h **Total.** Add lines 1a-1f ▶			1,205,644,208			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a PATIENT CARE	623990	2,890,402,000	2,890,402,000		
b TUITION & FEES	611600	2,820,133,000	2,820,133,000		
c OTHER PROGRAM SERVICES	611600	538,557,481	538,557,481		
d HOUSING & DINING	721310	235,607,787	235,607,787		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶		6,484,700,268			

Other Revenue

			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			90,206,698		-1,290,038	91,496,736
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶			2,113,313			2,113,313
	(i) Real	(ii) Personal				
6a Gross rents (6a)	71,177,769					
b Less: rental expenses (6b)	53,646,800					
c Rental income or (loss) (6c)	17,530,969					
d Net rental income or (loss) ▶			17,530,969		351,727	17,179,242
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory (7a)	1,698,457,793					
b Less: cost or other basis and sales expenses (7b)	1,542,101,951					
c Gain or (loss) (7c)	156,355,842					
d Net gain or (loss) ▶			156,355,842			156,355,842
8a Gross income from fundraising events (not including $ 95,074,459 of contributions reported on line 1c). See Part IV, line 18	8a	881,625				
b Less: direct expenses	8b	1,566,617				
c Net income or (loss) from fundraising events ▶			-684,992			-684,992
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						

10a Gross sales of inventory, less returns and allowances . .	**10a**	7,156,407				
b Less: cost of goods sold . .	**10b**	1,065,557				
c Net income or (loss) from sales of inventory . . ▶			6,090,850			6,090,850
Miscellaneous Revenue		Business Code				
11a OTHER AUX. ENTERPRISES		713940	4,366,017		3,336,825	1,029,192
b						
c						
d All other revenue			44,940,986		94,728	44,846,258
e Total. Add lines 11a–11d . . . . . ▶			49,307,003			
12 Total revenue. See instructions . . . . . ▶			8,011,264,159	6,484,700,268	2,493,242	318,426,441

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	8,323,879	8,323,879		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	557,608,242	557,608,242		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	204,617,680	204,617,680		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,394,120	11,817,691	465,251	111,178
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	3,836,532,712	3,534,175,459	272,103,650	30,253,603
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	199,581,944	185,178,803	12,790,532	1,612,609
9 Other employee benefits	439,330,672	407,731,716	27,597,171	4,001,785
10 Payroll taxes	182,270,448	167,453,655	13,396,884	1,419,909
11 Fees for services (non-employees):				
a Management	894,879		894,879	
b Legal	16,999,297	13,595,576	3,214,609	189,112
c Accounting	1,604,003	1,305,851	280,003	18,149
d Lobbying	603,595	482,820	114,065	6,710
e Professional fundraising services. See Part IV, line 17	1,157,411			1,157,411
f Investment management fees	13,043,429		13,043,429	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	261,930,476	209,528,733	49,489,257	2,912,486
12 Advertising and promotion	26,488,590	24,726,590	1,759,830	2,170
13 Office expenses	160,278,370	143,229,745	17,019,336	29,289
14 Information technology	66,347,108	36,845,396	28,516,017	985,695
15 Royalties	1,687,000	1,687,000		
16 Occupancy	353,064,521	306,730,946	46,333,575	
17 Travel	88,893,084	78,534,445	9,183,340	1,175,299
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,456,900	5,730,957	2,648,857	77,086
20 Interest	221,762,926	177,028,000	44,734,926	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	441,340,811	269,584,811	171,756,000	
23 Insurance	17,841,973	2,587,383	15,251,972	2,618
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	219,871,000	210,438,000	9,430,936	2,064
b REPAIR AND MAINTENANCE	130,716,000	116,512,959	14,199,429	3,612
c PENSION AND POSTRETIREM	27,020,000		27,020,000	
d CHANGES IN PENSION OBL.	25,988,000		25,988,000	
e All other expenses	450,902,928	306,072,785	143,109,851	1,720,292
25 **Total functional expenses.** Add lines 1 through 24e	7,977,551,998	6,981,529,122	950,341,799	45,681,077
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,159,827,824	1	1,438,973,844
	2	Savings and temporary cash investments		871,586,341	2	493,607,075
	3	Pledges and grants receivable, net		537,361,687	3	493,746,487
	4	Accounts receivable, net		359,282,930	4	445,707,677
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		100,000	5	2,695,176
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		172,526,729	7	135,767,980
	8	Inventories for sale or use		1,023,000	8	1,167,000
	9	Prepaid expenses and deferred charges		113,859,584	9	129,489,814
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,590,284,783			
	b	Less: accumulated depreciation	10b 4,569,456,511	6,742,341,754	10c	7,020,828,272
	11	Investments—publicly traded securities		1,847,890,120	11	1,651,720,890
	12	Investments—other securities. See Part IV, line 11		2,437,438,000	12	2,992,146,000
	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		299,877,116	15	2,365,493,414
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,574,664,085	16	17,202,892,629
Liabilities	17	Accounts payable and accrued expenses		1,084,591,242	17	1,073,193,559
	18	Grants payable			18	
	19	Deferred revenue		910,720,000	19	868,467,000
	20	Tax-exempt bond liabilities		3,580,911,000	20	3,083,373,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		457,976,000	23	607,867,000
	24	Unsecured notes and loans payable to unrelated third parties		1,435,275,000	24	2,068,575,000
	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		1,432,412,432	25	3,641,436,543
	26	**Total liabilities.** Add lines 17 through 25		8,901,885,674	26	11,342,912,102
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,076,908,633	27	2,066,094,093
	28	Net assets with donor restrictions		3,595,869,778	28	3,793,886,434
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		5,672,778,411	32	5,859,980,527
	33	Total liabilities and net assets/fund balances		14,574,664,085	33	17,202,892,629

Part XI Reconcilliation of Net Assets

Check 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	8,011,264,159
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,977,551,998
3	Revenue less expenses. Subtract line 2 from line 1	3	33,712,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,672,778,411
5	Net unrealized gains (losses) on investments	5	153,489,955
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	10	5,859,980,527

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

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

2019

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 **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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,044,889,535	1,125,243,260	1,238,136,656	1,287,796,390	1,205,644,208	5,901,710,049
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	1,044,889,535	1,125,243,260	1,238,136,656	1,287,796,390	1,205,644,208	5,901,710,049
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.						5,901,710,049

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	1,044,889,535	1,125,243,260	1,238,136,656	1,287,796,390	1,205,644,208	5,901,710,049
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	107,958,668	128,510,326	134,756,741	148,802,852	163,497,780	683,526,367
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	7,871,518	3,754,460	1,114,320	302,196	2,493,242	15,535,736
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	188,804,244	294,821,089	160,328,151	46,461,249	57,345,035	747,759,768
11 **Total support.** Add lines 7 through 10						7,348,531,920

12 Gross receipts from related activities, etc. (see instructions) **12** 27,750,707,987

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** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	80.310 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	79.410 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

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

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 . . . . . ▶☐

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
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**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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 line 10b below.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
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****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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.*	**1**		
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.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***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.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
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.*	**3b**		

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):	1		
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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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

2019

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 the organization	**Employer identification number**
NEW YORK UNIVERSITY	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $ _____

3 Volunteer hours for political campaign activities (see instructions) _____

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-.
1					
2					
3					
4					
5					
6					

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.		

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? ☐ **Yes** ☐ **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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

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) Yes	(a) No	(b) 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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		42,529
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		603,595
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,229
j	Total. Add lines 1c through 1i			651,353
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 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.

Return Reference	Explanation
PART II-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. 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), NACUBO (NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS), NACCOP (NATIONAL ASSOCIATION OF CLERY COMPLIANCE OFFICERS AND PROFESSIONALS), IACLEA (INTERNATIONAL ASSOCIATION OF CAMPUS LAW ENFORCEMENT ADMINISTRATORS), D.STAFFORD AND ASSOCIATES, CALEA (COMMISSION ON ACCREDITATION FOR LAW ENFORCEMENT AGENCIES), THE CLERY CENTER, NACCU (NATIONAL ASSOCIATION OF CAMPUS CARD USERS), ASIS (AMERICAN SOCIETY OF INDUSTRIAL SECURITY), HELUG (HIGHER EDUCATION LENEL USERS GROUP), IAEM (INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS), CHRONICLES OF HIGHER ED, JANES DEFENSE WEEKLY AND INTELLIGENCE REVIEW, NFPA (NATIONAL FIRE PROTECTION ASSOCIATION), HIGHER ED SYMPOSIUM, AUCSO (ASSOCIATION OF UNIVERSITY CHIEF SECURITY OFFICERS), APCO INTERNATIONAL (ASSOCIATION OF PUBLIC-SAFETY COMMUNICATIONS OFFICIALS), ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS, HOMELAND SECURITY INFORMATION NETWORK, SECURITY EXECUTIVE COUNCIL, NEW YORK STATE ACADEMIC DENTAL ASSOCIATION, COGR (COUNCIL ON GOVERNMENTAL RELATIONS), NCAA (NATIONAL COLLEGIATE ATHLETIC ASSOCIATION), BAKER, DONALDSON, BEARMAN, CALDWELL & BERKOWITZ, AND THE AMERICAN COUNCIL ON EDUCATION.

Additional Data

Return to Form

Software ID:

Software Version:

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

2019

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☑ Preservation of a certified historic structure
- ☐ 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 Year
a Total number of conservation easements	2a	1
b Total acreage restricted by conservation easements	2b	0.28
c Number of conservation easements on a certified historic structure included in (a)	2c	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	2d	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 ▶ $ _____

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 exhibition
- **b** ☑ Scholarly research
- **c** ☑ Preservation for future generations
- **d** ☑ Loan or exchange programs
- **e** ☐ Other .....

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:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	4,217,098,154	4,216,231,511	4,039,147,077	3,551,832,192	3,440,122,879
b Contributions . . .	219,827,501	155,303,286	178,132,991	231,429,703	169,200,278
c Net investment earnings, gains, and losses	369,459,232	120,707,053	336,581,206	453,330,554	125,109,083
d Grants or scholarships . . .	53,962,536	49,059,790	43,651,633	39,552,001	36,319,292
e Other expenditures for facilities and programs . . .	165,146,483	206,374,509	288,189,519	155,148,796	141,280,466
f Administrative expenses	11,033,136	19,709,397	5,788,611	2,744,575	5,000,290
g End of year balance	4,576,242,732	4,217,098,154	4,216,231,511	4,039,147,077	3,551,832,192

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

- **a** Board designated or quasi-endowment ▶ 32.960 %
- **b** Permanent endowment ▶ 67.040 %
- **c** Temporarily restricted endowment ▶ 0 %

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:

	Yes	No
(i) unrelated organizations . . . . . **3a(i)**	Yes	
(ii) related organizations . . . . . **3a(ii)**		No

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

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		170,954,000		170,954,000
b Buildings		8,848,607,935	3,779,988,421	5,068,619,514
c Leasehold improvements				
d Equipment		1,622,454,848	789,468,090	832,986,758
e Other		948,268,000		948,268,000
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				7,020,828,272

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	140,478,000	F
(B) PUBLIC EQUITY SECURITIES	771,214,000	F
(C) FIXED INCOME SECURITIES	358,113,000	F
(D) HEDGE FUNDS SECURITIES	860,909,000	F
(E) NATURAL RESOURCES	73,797,000	F
(F) CREDIT	173,052,000	F
(G) PRIVATE EQUITY SECURITIES	358,439,000	F
(H) REAL ESTATE	215,560,000	F
(I) SHORT-TERM INVESTMENTS	2,453,000	F
(J) SPLIT INTEREST AGREEMENTS	38,131,000	F
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	2,992,146,000	

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (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)OTHER MISCELLANEOUS ASSETS	31,548,414
(2)DEFERRED COMPENSATION PLAN ASSETS HELD FOR OTHERS	317,552,000
(3)OPERATING LEASE RIGHT OF USE ASSET	2,016,393,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,365,493,414

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	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,641,436,543

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 ☐

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.

Return Reference	Explanation
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 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.

Additional Data

Return to Form

Software ID:

Software Version:

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/Form990EZ* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Part I

			YES	NO
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?	1	Yes	
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?	2	Yes	
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.	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	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.
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS FEDERAL, STATE & LOCAL AGENCIES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to 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

2019

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 Activites 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 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
(1) CENTRAL AMERICA	1	1	EDUCATION/RESEARCH	INSTRUCTION	706,248
(2) EAST ASIA AND THE PACIFIC	2	6	EDUCATION/RESEARCH	INSTRUCTION	6,173,609
(3) EUROPE	7	127	EDUCATION/RESEARCH	INSTRUCTION	59,674,447
(4) MIDDLE EAST AND NORTH AFRICA	2	511	EDUCATION/RESEARCH	INSTRUCTION	194,105,836
(5) SOUTH AMERICA	1	8	EDUCATION/RESEARCH	INSTRUCTION	4,458,577
(6) SUB-SAHARAN AFRICA	3	32	EDUCATION/RESEARCH	INSTRUCTION	3,716,912
(7) SOUTH ASIA	0	0	EDUCATION/RESEARCH	INSTRUCTION	228,639
(8) NORTH AMERICA	0	0	EDUCATION/RESEARCH	INSTRUCTION	119,526
(9) RUSSIA AND NEIGHBORING STATES	0	0	EDUCATION/RESEARCH	INSTRUCTION	18,598
(10) CENTRAL AMERICA	0	0	INVESTMENTS		523,082,172
(11) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		39,442,341
(12) EUROPE	0	0	INVESTMENTS		106,430,528
(13) NORTH AMERICA	0	0	INVESTMENTS		1,978,843
(14)					
(15)					
(16)					
(17)					
3a Sub-total	16	685			269,183,794
b Total from continuation sheets to Part I . . .	0	0			670,952,482
c **Totals** (add lines 3a and 3b)	16	685			940,136,276

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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)
(1)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	89	3,163,379	CREDIT TO BURSAR ACCOUNTS			
(2)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EAST ASIA AND THE PACIFIC	3,549	36,676,313	CREDIT TO BURSAR ACCOUNTS			
(3)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EUROPE	539	19,524,591	CREDIT TO BURSAR ACCOUNTS			
(4)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	MIDDLE EAST & NORTH AFRICA	619	38,435,788	CREDIT TO BURSAR ACCOUNTS			
(5)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	NORTH AMERICA	292	4,559,533	CREDIT TO BURSAR ACCOUNTS			
(6)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	RUSSIA-NEWLY INDEPENDENT	83	4,712,593	CREDIT TO BURSAR ACCOUNTS			
(7)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH AMERICA	155	5,376,078	CREDIT TO BURSAR ACCOUNTS			
(8)	SCHOLARSHIPS, FELLOWSHIPS. GRANTS	SOUTH ASIA	492	14,827,239	CREDIT TO BURSAR ACCOUNTS			
(9)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SUB-SAHARAN AFRICA	117	6,336,800	CREDIT TO BURSAR ACCOUNTS			
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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

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.

ReturnReference	Explanation
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 III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	RUFFALO NOEL LEVITZ 1025 KIRKWOOD PKWY SW CEDAR RAPIDS, IA 52404	PHONATHON		No	1,830,232	1,157,411	672,821
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶					1,830,232	1,157,411	672,821

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

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

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 VIOLET BALL (event type)	(b) Event #2 FACES GALA (event type)	(c) Other events 18 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	87,925,918	6,225,930	1,804,236	95,956,084
	2 Less: Contributions	87,762,117	6,061,680	1,250,662	95,074,459
	3 Gross income (line 1 minus line 2)	163,801	164,250	553,574	881,625
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,144,754	259,482	162,381	1,566,617
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,566,617
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-684,992

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 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.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

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

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

2019

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.

(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
(1) AMERICAN INSTITUTE OF ARCHITECTS 1411 BROADWAY 12TH FLOOR NEW YORK,NY 10018	13-1562656	501(C)(3)	5,000				SUPPORT
(2) BOWERY RESIDENTS' COMMITTEE INC 131 WEST 25TH STREET NEW YORK,NY 10001	13-2736659	501(C)(3)	15,000				SUPPORT
(3) BRIC ARTS MEDIA BROOKLYN INC 647 FULTON ST BROOKLYN,NY 11217	11-2547268	501(C)(3)	15,000				SUPPORT
(4) BROOKLYN BOOK FESTIVAL 249 SMITH STREET PMB 106 BROOKLYN,NY 11231	46-5328190	501(C)(3)	5,000				SUPPORT
(5) BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT STREET BROOKLYN,NY 11201	11-1630813	501(C)(3)	15,000				SUPPORT
(6) DOWNTOWN BROOKLYN PARTNERSHIP 1 METRO TECH CENTER BROOKLYN,NY 11201	20-5323707	501(C)(3)	10,000				SUPPORT
(7) DUMBO DISTRICT MANAGEMENT ASSOCIATION INC 20 JAY ST STE 510 BROOKLYN,NY 11201	20-0214837	501(C)(3)	10,000				SUPPORT
(8) FIGHT FOR SIGHT INC 200 CENTRAL PARK S APT 28C NEW YORK,NY 10019	13-6195863	501(C)(3)	10,000				SUPPORT
(9) FRACTURED ATLAS INC 228 PARK AVENUE SOUTH 56651 NEW YORK,NY 100031502	11-3451703	501(C)(3)	5,000				SUPPORT
(10) GREENWICH HOUSE INC 122 WEST 27TH STREET 6TH FLOOR BROOKLYN,NY 11201	13-5562204	501(C)(3)	12,500				SUPPORT
(11) NEW YORK BUILDING CONGRESS 1040 AVENUE OF THE AMERICAS FL 21 NEW YORK,NY 10018	13-1097030	501(C)(6)	15,500				SUPPORT
(12) NEW YORKERS FOR PARKS 55 BROAD STREET 23RD FLOOR NEW YORK,NY 10004	13-6167879	501(C)(3)	5,000				SUPPORT
(13) UNION SQUARE PARTNERSHIP 122 WEST 27TH STREET 6TH FLOOR BROOKLYN,NY 11201	13-3004730	501(C)(3)	10,000				SUPPORT
(14) UNITED HOSPITAL FUND	13-1562656	501(C)(3)	25,000				SUPPORT

1411 BROADWAY 12TH FLOOR NEW YORK,NY 10018							
(15) UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK,NY 10016	13-2617681	501(C)(3)	23,430				SUPPORT
(16) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE STREET NEW YORK,NY 10002	13-5562374	501(C)(3)	12,000				SUPPORT
(17) VILLAGE ALLIANCE DISTRICT MANAGEMENT ASSOCIATION INC 8 EAST 8TH STREET NEW YORK,NY 10003	13-3743340	501(C)(3)	10,000				SUPPORT
(18) VILLAGECARE FOUNDATION 120 BROADWAY SUITE 2840 NEW YORK,NY 10271	13-3471553	501(C)(3)	10,000				SUPPORT
(19) WASHINGTON SQUARE PARK CONSERVANCY INC WASHINGTON SQUARE PARK NEW YORK,NY 10011	46-1406128	501(C)(3)	16,500				SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 18

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

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) STUDENT FINANCIAL AID	38028	557,608,242			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:

Software Version:

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

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e.g., 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
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.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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				
1ANDREW HAMILTON TRUSTEE & PRESIDENT	**(i)**	1,519,396	0	0	361,896	192,846	2,074,138	0
	(ii)	0	0	0	0	0	0	0
2MARTIN DORPH EXECUTIVE VICE PRESIDENT	**(i)**	772,151	0	109,834	28,000	24,617	934,602	0
	(ii)	0	0	0	0	0	0	0
3KATHERINE FLEMING PROVOST	**(i)**	859,248	0	108,000	28,000	197	995,445	0
	(ii)	0	0	0	0	0	0	0
4ROBERT GROSSMAN EX-OFFICIO, DEAN & CEO	**(i)**	1,780,415	3,000,000	17,675	1,671,500	11,567	6,481,157	0
	(ii)	1,780,415	3,000,000	17,675	1,671,500	11,567	6,481,157	0
5TERRANCE NOLAN GENERAL COUNSEL & SECRETARY	**(i)**	694,973	0	0	28,000	17,225	740,198	0
	(ii)	0	0	0	0	0	0	0
6STEPHANIE PIANKA CFO	**(i)**	512,657	37,899	0	28,000	9,887	588,443	0
	(ii)	0	0	0	0	0	0	0
7PIETRINA SCARAGLINO ASSOCIATE SECRETARY	**(i)**	378,006	0	0	28,000	24,917	430,923	0
	(ii)	0	0	0	0	0	0	0
8ROBERT CASHION SVP OF DEVEL. & ALUMNI RELATIONS	**(i)**	805,496	45,750	36,681	28,000	22,565	938,492	0
	(ii)	0	0	0	0	0	0	0
9LINDA CHIARELLI SVP OF CAP PROJECTS & FACILITIES	**(i)**	691,490	84,828	0	28,000	9,341	813,659	0
	(ii)	0	0	0	0	0	0	0
10KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	**(i)**	753,663	1,033,647	0	28,000	10,265	1,825,575	0
	(ii)	0	0	0	0	0	0	0
11LINDA MILLS VC. GLOBAL PROGRAMS	**(i)**	713,309	0	0	28,000	24,617	765,926	0
	(ii)	0	0	0	0	0	0	0
12JANINE WILCOX TREASURER	**(i)**	258,052	9,732	0	18,222	9,173	295,179	0
	(ii)	0	0	0	0	0	0	0
13DAFNA BAR-SAGI EVP/VICE DEAN, CHIEF SCIENCE OFFICER	**(i)**	1,111,836	2,400,000	36,598	548,600	12,068	4,109,102	0
	(ii)	0	0	0	0	0	0	0
14ANDREW BROTMAN SVP & VICE DEAN	**(i)**	832,397	1,800,000	8,247	648,600	0	3,289,244	0
	(ii)	832,397	1,800,000	8,247	648,600	0	3,289,244	0
15ROBERT CERFOLIO EVP & VICE DEAN, CHIEF OF HOSP. OPS.	**(i)**	502,109	543,250	4,551	161,584	7,418	1,218,912	0
	(ii)	1,808,561	1,956,750	16,391	582,016	26,719	4,390,437	0
16ANNETTE JOHNSON EVP/VICE DEAN, GENERAL COUNSEL-SOM	**(i)**	515,416	1,200,000	9,427	271,700	11,421	2,007,964	0
	(ii)	515,416	1,200,000	9,427	271,700	11,421	2,007,964	0
17DANIEL WIDAWSKY EVP/VICE DEAN, CFO- SOM	**(i)**	1,005,631	1,875,000	2,281	365,900	17,853	3,266,665	0
	(ii)	1,005,631	1,875,000	2,281	365,900	17,853	3,266,665	0
18ROBERT BERNE FORMER EVP FOR HEALTH	**(i)**	866,561	0	0	28,000	8,612	903,173	0
	(ii)	0	0	0	0	0	0	0
19DAVID W MCLAUGHLIN FORMER PROVOST	**(i)**	406,722	0	25,000	28,000	17,225	476,947	0
	(ii)	0	0	0	0	0	0	0
20JOHN E SEXTON FORMER PRESIDENT	**(i)**	510,317	0	246,538	28,000	9,341	794,196	0
	(ii)	0	0	0	0	0	0	0
21THOMAS J CAREW FORMER DEAN OF FAS	**(i)**	558,877	0	0	28,000	17,225	604,102	0
	(ii)	0	0	0	0	0	0	0
22DAVID KOEHLER FORMER INT. SVP FOR DEVELOPMENT	**(i)**	397,649	40,045	0	28,000	17,225	482,919	0
	(ii)	0	0	0	0	0	0	0
23DEBRA LAMORTE FORMER SVP FOR DEVELOPMENT	**(i)**	334,394	0	0	28,000	7,006	369,400	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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 AND TWO HIGHEST PAID EMPLOYEES HAVE A CAR AND DRIVER AVAILABLE FOR USE, AND INCOME WAS IMPUTED ON THEIR PERSONAL USE OF THE VEHICLE AND DRIVER. 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 GROSSMAN SCHOOL OF MEDICINE- PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (SERP) AND A LONGTERM INCENTIVE PLAN ("LTI") DURING CALENDAR YEAR 2019. THE SERP AND LTI EMPLOYER CONTRIBUTIONS WERE MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN AND TOTALED $2,650,400 AND $692,600, RESPECTIVELY, IN CALENDAR 2019. THESE AMOUNTS ARE REPORTED AS A SHARED COST BETWEEN NYU LANGONE HEALTH AND NYU GROSSMAN SCHOOL OF MEDICINE ("SOM"). THE FOLLOWING HIGHEST PAID EMPLOYEES PARTICIPATED IN A SERP AND/OR LTI DURING CALENDAR YEAR 2019. THE AMOUNTS LISTED BELOW REPRESENT THE EMPLOYER CONTRIBUTIONS TO THESE PLANS FOR CALENDAR YEAR 2019. THESE AMOUNTS ARE REPORTED AS SHARED COSTS BETWEEN NYU LANGONE HEALTH AND SOM. DAFNA BAR-SAGI, PHD $342,200 (SERP)/$206,400 (LTI); ANDREW BROTMAN, MD $969,400 (SERP)/$327,800 (LTI); ROBERT CERFOLIO, MD, MBA $388,200 (SERP)/$355,400 (LTI); ANNETTE JOHNSON, JD $344,600 (SERP)/$198,800 (LTI); AND DANIEL WIDAWSKY $303,800 (SERP)/$400,000 (LTI). THE SERP AND LTI CONTRIBUTIONS WERE MADE PURSUANT TO NEGOTIATED AGREEMENTS WITH THE EMPLOYEES.
PART I, LINE 7	ONE OFFICER AND FIVE HIGHEST PAID EMPLOYEES RECEIVED COMPENSATION OVER BASE SALARY INCLUDING THE BONUS DETERMINED BY THE ORGANIZATION'S COMPENSATION COMMITTEE, DETERMINED AS REASONABLE.

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Part Ⅰ Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK DASNY (CUSIP # 649906TQ7)	14-6000293	649906TQ7	04-26-2012	232,921,461	SEE SUPPLEMENTAL INFORMATION		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906VS0)	14-6000293	649906VS0	05-17-2012	61,224,691	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649907WP3)	14-6000293	649907WP3	10-08-2013	135,927,356	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 000000000)	14-6000293	000000000	10-28-2014	55,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part Ⅱ Proceeds

		A	B	C	D
1	Amount of bonds retired	50,255,000		15,305,000	5,670,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	232,945,093	61,226,336	135,970,378	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				
12	Other unspent proceeds	3,621,080	458,747	7,058	
13	Year of substantial completion	2015	2013	2015	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current 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 an advance 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	

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	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 ▶	0.410 %		0 %		0.030 %		0.550 %	
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 ▶	0 %		0 %		0.880 %		0.030 %	
6	Total of lines 4 and 5	0.410 %		0 %		0.910 %		0.580 %	
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 nongovernmental 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
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?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK DASNY (CUSIP # 64 DATE THE REBATE COMPUTATION WAS PERFORMED: 10/31/2013 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906VS DATE THE REBATE COMPUTATION WAS PERFORMED: 11/30/2013 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649907WP DATE THE REBATE COMPUTATION WAS PERFORMED: 10/08/2013 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 00000000 DATE THE REBATE COMPUTATION WAS PERFORMED: 10/28/2014 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990BFE DATE THE REBATE COMPUTATION WAS PERFORMED: 04/22/2015
SCH K, PART IV, ARBITRAGE, LINE 2C:	DATE THE REBATE COMPUTATION WAS PERFORMED, BY BOND BOND GROUP #1: (A) DASNY (CUSIP# 649906TQ7) = 10/31/2013 (B) DASNY (CUSIP# 649906VS0) = 11/30/2013 (C) DASNY (CUSIP# 649907WP3) = 10/8/2013 (D) DASNY (NO CUSIP - PRIVATE PLACEMENT, SERIES 2014A) = 10/28/2014 BOND GROUP #2: (A) DASNY (CUSIP# 64990BFE8) = 4/22/2015 (B) DASNY (CUSIP# 64990CEC1) = N/A (C) DASNY (CUSIP# 64990CC90) = N/A (D) DASNY (CUSIP# 64990C7S4) = N/A BOND GROUP #3: (A) DASNY (CUSIP # 64990GJT0) = N/A 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,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) 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.

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Part Ⅰ Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990BFE8)	14-6000293	64990BFE8	04-22-2015	785,388,019	SEE SUPPLEMENTAL INFORMATION		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990CEC1)	14-6000293	64990CEC1	06-14-2016	687,667,333	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990CC90)	14-6000293	64990CC90	06-01-2017	522,276,122	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990C7S4)	14-6000293	64990C7S4	05-17-2018	398,392,192	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part Ⅱ Proceeds

		A	B	C	D
1	Amount of bonds retired	40,980,000		16,785,000	2,750,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	785,388,019	691,256,000	522,276,122	401,892,136
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	691,242,026	153,816,630	401,878,126
11	Other spent proceeds	11,172	9,037	3,792	
12	Other unspent proceeds				14,010
13	Year of substantial completion	2015	2019	2017	2021

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current 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 an advance 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	

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	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 ▶	0.490 %		0 %		0.010 %		0.020 %	
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 ▶	0.170 %		0 %		0.040 %		0.340 %	
6	Total of lines 4 and 5	0.660 %		0 %		0.050 %		0.360 %	
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 nongovernmental 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
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?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Part Ⅰ Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990GJT0)	14-6000293	64990GJT0	02-21-2019	705,122,518	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part Ⅱ Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	720,947,735			
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	366,866,677			
11	Other spent proceeds				
12	Other unspent proceeds	354,081,059			
13	Year of substantial completion	2021			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current 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 an advance 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							

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							

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 ▶		0.010 %						
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 ▶		0.120 %						
6	Total of lines 4 and 5		0.130 %						
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 nongovernmental 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						
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?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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 is not available under applicable regulations?	X							

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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.

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $. ▶ $

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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) DAFNA BAR-SAGI	EMPLOYEE	MORTGAGE		X	675,000	675,000		No	Yes		Yes	
(2) ANDREW BROTMAN	EMPLOYEE	MORTGAGE		X	100,000	100,000		No	Yes		Yes	
(3) ROBERT CASHION	EMPLOYEE	MORTGAGE		X	1,000,000	920,176		No	Yes		Yes	
(4) ROBERT CERFOLIO	EMPLOYEE	MORTGAGE		X	1,000,000	1,000,000		No	Yes		Yes	
Total . . . . . ▶						$ 2,695,176						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

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
(1) JOHN SAUNDERS SON IN LAW	TRUSTEE W. BERKLEY	411,633	EMPLOYEE		No
(2) R SALK DAUGHTER IN LAW	FMR OFF R. BERNE	97,631	EMPLOYEE		No
(3) DR MARCI LEVINE SISTER	TRUSTEE B. LEVINE	275,753	EMPLOYEE		No
(4) L CHIARELLI SPOUSE	KEY EMP L CHIARELLI	162,471	EMPLOYEE		No
(5) ZVI BEN DOR HUSBAND	OFF. K. FLEMING	407,462	EMPLOYEE		No
(6) ELISABETH COHEN SPOUSE	OFF. R. GROSSMAN	424,239	EMPLOYEE		No
(7) LAURIE BROTMAN SPOUSE	KEY EMP A. BROTMAN	415,092	EMPLOYEE		No
(8) MAURA HOFSTADTER DTR	KEY EMP T. CAREW	127,877	EMPLOYEE		No
(9) HARVEY DALE SPOUSE	FMR KE D. LAMORTE	237,823	EMPLOYEE		No
(10) OGDEN CAP PROPERTIES LLC (CONTROLLED CORP)	TRUSTEE C. MILSTEIN	3,938,026	LEASE SPACE		No
(11) KATHERINE CASHION DTR	KEY EMP. R. CASHION	36,000	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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 the latest information.

OMB No. 1545-0047

2019

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	1	80,000	SEE SCHEDULE O
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		50,149	SEE SCHEDULE O
5	Clothing and household goods	X		48,850	SEE SCHEDULE O
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	602	44,575,566	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				
19	Food inventory	X	1,257	29,254	SEE SCHEDULE O
20	Drugs and medical supplies	X	25,345	161,646	SEE SCHEDULE O
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (▶ VIDEO GAME)	X	30	14,970	SEE SCHEDULE O
26	Other (▶ OTHER MISC.)	X	4	8,490	SEE SCHEDULE O
27	Other (▶ INSURANCE)	X	1	3,757	SEE SCHEDULE O
28	Other (▶ MEDICAL PROD.)	X	183	3,679	SEE SCHEDULE O

			Yes	No
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	2	
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?	30a		No
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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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.			

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.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

Return Reference	Explanation
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, 2020.
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 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 SENIOR ASSOCIATE VICE PRESIDENT & 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 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 CONSOLIDATED 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, NYU GROSSMAN 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 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.

Additional Data

Return to Form

Software ID:

Software Version:

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

2019

Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

Employer identification number
13-5562308

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	(g) No
(1) NATIONAL CENTER ON PHILANTHROPY AND THE LAW 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012 13-3954405	STUDY, RESEARCH, EDUCATION ON PHILANTHROPY & THE LAW	NY	501(C)(3)	LINE 12A, I	NYU SCHOOL OF LAW FOUNDATION	Yes	
(2) NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION 110 WEST 3RD STREET 2ND FL NEW YORK, NY 10012 13-6161036	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 10	NEW YORK UNIVERSITY	Yes	
(3) NYU IMAGING INC 545 FIRST AVENUE NEW YORK, NY 10016 13-4000622	PERFORMS MEDICAL ACTIVITIES	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
(4) HAROLD ACTON TRUST 105 EAST 17TH STREET 2ND FL NEW YORK, NY 10003 13-7050560	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NY	501(C)(3)	LINE 12C, III-FI	NEW YORK UNIVERSITY	Yes	
(5) WASHINGTON SQUARE LEGAL SERVICES INC 110 WEST 3RD STREET 2ND FL NEW YORK, NY 10012 23-7392120	CERTAIN PUBLIC INTEREST ACTIVITIES OF NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
(6) NYU IN ABU DHABI CORP C/O NYU - 105 EAST 17TH STREET 2ND NEW YORK, ABU DHABI 10003 AE 26-2652713	SUPPORTS NYU'S CAMPUS IN ABU DHABI	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
(7) HORTENSE ACTON TRUST PO BOX 1802 PROVIDENCE, RI 029011802 36-7110976	SUPPORT NYU'S CAMPUS IN FLORENCE, ITALY	IL	501(C)(3)	PF	NEW YORK UNIVERSITY	Yes	
(8) NYU LANGONE HOSPITALS 550 FIRST AVENUE NEW YORK, NY 10016 13-3971298	HOSPITAL	NY	501(C)(3)	LINE 3	NYU LANGONE HOSPITALS	Yes	
(9) 34TH STREET CANCER CENTER INC C/O NYUHC 550 FIRST AVENUE NEW YORK, NY 10016 30-0262470	CANCER CARE	NY	501(C)(3)	LINE 12C, III-FI	NYU LANGONE HOSPITALS	Yes	
(10) NYU IN LONDON 6 BEDFORD SQUARE LONDON WC1B 3RA UK 98-1074101	SUPPORT NYU'S PROGRAM IN LONDON	UK			NEW YORK UNIVERSITY	Yes	
(11) NYU IN TEL-AVIV LTD TUVAL 13 RAMAT GAN 52522 IS 98-1058326	SUPPORT NYU'S PROGRAM IN TEL-AVIV	IS			NEW YORK UNIVERSITY	Yes	
(12) NEW YORK UNIVERSITY IN FRANCE 56 RUE DE PASSY PARIS 75016 FR 98-1058568	SUPPORTS NYU'S PROGRAM IN FRANCE	FR			NEW YORK UNIVERSITY	Yes	
(13) NYU LANGONE HEALTH SYSTEM 550 FIRST AVENUE	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 12B, II	NEW YORK UNIVERSITY	Yes	

(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
NEW YORK, NY 10016 47-2613531							
(14) NEW YORK UNIVERSITY IN AFGHANISTAN 150 MASJID E HAJI ABDURRAHIM STREE KABUL AF	SUPPORTS NYU'S ACTIVITIES IN AFGHANISTAN	AF			NEW YORK UNIVERSITY	Yes	
(15) HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION 150 55TH STREET BROOKLYN, NY 11220 11-3152691	HOUSING	NY	501(C)(3)	LINE 10	NYU LANGONE HOSPITALS	Yes	
(16) LUTHERAN AUGUSTANA CECR INC 5434 2ND AVE BROOKLYN, NY 11220 11-2150953	EXTENDED CARE	NY	501(C)(3)	LINE 10	NYU LANGONE HOSPITALS	Yes	
(17) SUNSET GARDENS HOUSING DEVELOPMENT FUND CORP 150 55TH ST BROOKLYN, NY 11220 20-3461755	HOUSING	NY	501(C)(3)	LINE 10	NYU LANGONE HOSPITALS	Yes	
(18) NYU LANGONE IPA INC 550 FIRST AVENUE NEW YORK, NY 10016 36-4841069	IPA OPERATING A MEDICAID SHARED SAVINGS PROGRAM	NY	501(C)(3)	LINE 10	NYU LANGONE HOSPITALS	Yes	
(19) WINTHROP UNIV HOSPITAL SVCS CORP 700 HICKSVILLE ROAD BETHPAGE, NY 11714 11-2496631	TITLE HOLDING	NY	501(C)(2)		NYU LANGONE HOSPITALS	Yes	
(20) KJC (REY JUAN CARLOS I DE ESPANA DE LA UNIVERSIDAD DE NUEVA YORK) CALLE SEGRE 8 MADRID 28002 SP	SUPPORT NYU'S PROGRAM IN SPAIN	SP			NEW YORK UNIVERSITY	Yes	
(21) NYU LANGONE MSO INC 550 FIRST AVENUE NEW YORK, NY 10016 82-4528600	CONTRACT FOR DELIVERY/PROVISION OF HEALTH SERVICES	NY	501(C)(3)	LINE 3	NEW YORK UNIVERSITY	Yes	
(22) WINTHROP FACULTY MEDICAL AFFILIATES UFPC 222 STATION PLAZA NORTH MINEOLA, NY 11501 46-2439597	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU LANGONE HOSPITALS	Yes	
(23) WINTHROP MEDICAL AFFILIATES URGENT CARE UFPC 222 STATION PLAZA NORTH MINEOLA, NY 11501 46-5482775	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU LANGONE HOSPITALS	Yes	
(24) WINTHROP COMMUNITY MEDICAL AFFILIATES PC 222 STATION PLAZA NORTH SUITE 350 MINEOLA, NY 11501 47-2665045	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU LANGONE HOSPITALS	Yes	
(25) NEW YORK UNIVERSITY VEBA TRUST 105 EAST 17TH STREET 2ND FL NEW YORK, NY 10003 01-6274657	FUNDS NYU POSTRETIREMENT HEALTH AND WELFARE PLAN	NY	501(C)(9)		NEW YORK UNIVERSITY	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NYU LANGONE DIAGNOSTICS LLC 550 FIRST AVENUE NEW YORK, NY 10016 30-1001205	OUTREACH TESTING	NY	NYU LANGONE HOSPITALS	RELATED				No			No	80.000 %

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	(i) No
(1)CCC 550 INSURANCE SCC 550 FIRST AVENUE NEW YORK, NY 10016	EXCESS PROF. LIAB. INSURANCE	BB	NYU LANGONE HOSPITALS	C			100.000 %		No
(2)LA PIETRA SRL VIA BOLOGNESE 120 FIRENZE 50139 IT	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	IT	NEW YORK UNIVERSITY	C			100.000 %		No
(3)NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO LTD 1555 CENTURY AVENUE ROOM 1063 PUD SHANGHAI 200122 CH	SUPPORTS NYU'S PROGRAM IN CHINA	CH	NEW YORK UNIVERSITY	C			100.000 %		No
(4)POOLED INCOME FUNDS (2) C/O NYU105 E17TH STREET 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	T					No
(5)CHARITABLE REMAINDER TRUSTS (8) C/O NYU105 E17TH STREET 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	T					No
(6)SHORE HILL HOUSING ASSOCIATES GP INC 550 FIRST AVENUE HCC 15 NEW YORK, NY 10016 26-2243695	HOUSING	NY	N/A	C					No
(7)CARDIOVASCULAR MEDICAL ASSOCIATES PC 975 STEWART AVENUE GARDEN CITY, NY 11530 27-3629386	HEALTHCARE	NY	N/A	C					No
(8)WINTHROP CHILD NEUROLOGY ASSOCIATES PC 173 MINEOLA BOULEVARD SUITE 101 MINEOLA, NY 11501 20-5682886	HEALTHCARE	NY	N/A	C					No
(9)WINTHROP DENTAL PC 700 HICKSVILLE ROAD BETHPAGE, NY 11714 45-4055800	HEALTHCARE	NY	N/A	C					No
(10)WINTHROP PEDIATRIC ASSOCIATES PC 222 STATION PLAZA MINEOLA, NY 11501 11-2891904	HEALTHCARE	NY	N/A	C					No
(11)WOMEN'S CONTEMPORARY CARE ASSOCIATES PC 120 MINEOLA BOULEVARD SUITE 100 MINEOLA, NY 11501 11-2707087	HEALTHCARE	NY	N/A	C					No
(12)WINTHROP RADIOLOGY SERVICES PC 121 MINEOLA BOULEVARD MINEOLA, NY 11501 11-3016374	HEALTHCARE	NY	N/A	C					No
(13)MEDICAL GROUP OF MINEOLA PC 222 STATION PLAZA MINEOLA, NY 11501 81-1000704	HEALTHCARE	NY	N/A	C					No
(14)WINTHROP IPA 700 HICKSVILLE ROAD BETHPAGE, NY 11714 45-4951888	MANAGEMENT SERVICES	NY	N/A	C					No
(15)LONG ISLAND PRIMARY CARE ASSOCIATES 700 HICKSVILLE ROAD BETHPAGE, NY 11714 11-3307827	HEALTHCARE	NY	N/A	C					No
(16)WINTHROP CLINICAL PARTNERS INC 259 FIRST STREET MINEOLA, NY 11501 45-4088169	HEALTHCARE	NY	N/A	C					No

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 entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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	1,118,313	FAIR MARKET VALUE
(2) LA PIETRA SRL	J	1,288,825	FAIR MARKET VALUE
(3) LA PIETRA SRL	M	930,415	FAIR MARKET VALUE
(4) LA PIETRA SRL	P	451,792	FAIR MARKET VALUE
(5) LA PIETRA SRL	N	297,595	FAIR MARKET VALUE
(6) NATIONAL CENTER ON PHILANTHROPY AND THE LAW INC	B	290,000	FAIR MARKET VALUE
(7) NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION	B	8,883,078	FAIR MARKET VALUE
(8) NYU LANGONE HOSPITALS	O	179,274,946	FAIR MARKET VALUE
(9) NYU LANGONE HOSPITALS	P	1,242,259,615	FAIR MARKET VALUE
(10) NYU LANGONE HOSPITALS	Q	163,156,423	FAIR MARKET VALUE
(11) NYU IN FRANCE	R	10,928,167	FAIR MARKET VALUE
(12) NYU IN LONDON	O	282,665	FAIR MARKET VALUE
(13) NYU IN LONDON	R	7,413,040	FAIR MARKET VALUE
(14) NYU IN TEL AVIV LTD	R	1,951,801	FAIR MARKET VALUE
(15) SIR HAROLD ACTON CHARITABLE TRUST	C	981,327	FAIR MARKET VALUE
(16) WASHINGTON SQUARE LEGAL SERVICES	P	94,172	FAIR MARKET VALUE

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: