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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 09-01-2022 , and ending 08-31-2023

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) 105 E 17TH ST - 4TH FL 411
Room/suite

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 $ 11,992,788,419

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
NYU IS A PRIVATE UNIVERSITY WITH APPROXIMATELY 60,000 STUDENTS IN 20 SCHOOLS AND INSTITUTES.

2 Check this box ▶☐ 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	46
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	43
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	48,107
6	Total number of volunteers (estimate if necessary)	6	4,838
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	15,312,831
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	3,182,721

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,449,624,309	1,597,752,540
	9	Program service revenue (Part VIII, line 2g)	7,441,366,457	8,229,641,082
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	260,020,086	269,787,317
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	492,838,847	385,063,821
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,643,849,699	10,482,244,760
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	912,032,010	986,667,764
	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)	5,280,537,385	5,933,017,294
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,604,983	1,626,768
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶57,772,244		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,847,546,624	3,173,530,843
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,041,721,002	10,094,842,669
	19	Revenue less expenses. Subtract line 18 from line 12	602,128,697	387,402,091

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,909,220,283	19,789,263,135
	21	Total liabilities (Part X, line 26)	11,893,749,900	12,152,446,948
	22	Net assets or fund balances. Subtract line 21 from line 20	7,015,470,383	7,636,816,187

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: 2024-07-01

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 $ 2,990,431,851 including grants of $ 977,880,695) (Revenue $ 3,408,975,000)

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 19,000 UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREES; IT PROVIDES OVER $650 MILLION PER YEAR IN SCHOLARSHIP AID TO UNDERGRADUATES AND SINCE THE FALL OF 2021 HAS MET DEMONSTRATED NEED FOR INCOMING FIRST-YEAR 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 $ 3,525,837,602 including grants of $) (Revenue $ 3,790,606,000)

PATIENT CARE: NYU'S ACADEMIC MEDICAL PROGRAMS ARE A MAJOR ELEMENT OF THE UNIVERSITY'S MISSION, AND ITS ACADEMIC MEDICAL CENTER - NYU LANGONE HEALTH -IS AMONG THE FOREMOST IN THE US. 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 SCHOOL 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 $ 1,331,100,900 including grants of $) (Revenue $ 1,109,830,596)

RESEARCH AND SCHOLARSHIP: NYU IS A MAJOR RESEARCH INSTITUTION, WITH SIGNIFICANT SUPPORT FROM NIH, NSF AND OTHER FUNDERS; IT IS A TOP 15 INSTITUTION IN THE NSF'S ANNUAL HIGHER EDUCATION RESEARCH AND DEVELOPMENT SURVEY, AND IT IS ONE OF THE SELECT GROUP OF US UNIVERSITIES WITH RESEARCH EXPENDITURES EXCEEDING $1 BILLION PER YEAR. THE SAME INSTITUTIONS WERE RANKED IN THE TOP 30 IN FY 2021 AND FY 2022. ONLY THREE INSTITUTIONS CHANGED MORE THAN 3 POSITIONS: NEW YORK UNIVERSITY MOVED UP 8 POSITIONS TO NUMBER 15. 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. IN 2022, CLARIVATE ANALYTICS' HIGHLY CITED RESEARCHERS LIST NAMED TWENTY-THREE NEW YORK UNIVERSITY PROFESSORS AMONG THE WORLD'S MOST-CITED RESEARCHERS. 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 $ 887,309,822 including grants of $ 8,787,069) (Revenue $ 1,030,060,082)

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

4d Other program services (Describe in Schedule O.)

(Expenses $ 887,309,822 including grants of $ 8,787,069) (Revenue $ 1,030,060,082)

4e **Total program service expenses ▶** 8,734,680,175

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 Rev. Proc. 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		No
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 the 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 line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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 on 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	65,073			
b	Enter the number of Forms W-2G included on 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		

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** 48,107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**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: ▶ AR,AS,VI,CA,CJ,CH,CY,EZ,FR,GM,GH,GR, HK,EI,IS,IT,JE,LU,SP,AE,UK 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? If "Yes," see instructions and file Form 4720, Schedule N.		**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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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 46			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 43			
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 on 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 on 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 on 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,NH

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶KERRI TRICARICO 105 E 17TH STREET 4TH 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANDREW HAMILTON TRUSTEE & PRES.(END DATE:6/30/23)	70.00 10.20	X		X				1,854,025	0	512,238
(2) LINDA MILLS TRUSTEE & PRES.(START DATE:7/1/23)	70.00 10.20	X		X				790,003	0	54,333
(3) RONALD D ABRAMSON TRUSTEE	2.00 0.00	X						0	0	0
(4) PHYLLIS PUTTER BARASCH VICE CHAIR & EXEC VICE CHAIR	6.00 0.00	X		X				0	0	0
(5) MARIA BARTIROMO TRUSTEE	2.00 0.00	X						0	0	0
(6) MARC H BELL TRUSTEE	2.00 0.00	X						0	0	0
(7) WILLIAM R BERKELY CHAIR	8.00 0.00	X		X				0	0	0
(8) ANDREA BONOMI TRUSTEE	4.00 0.00	X						0	0	0
(9) CASEY BOX TRUSTEE	4.00 0.00	X						0	0	0
(10) TERRI BURNS TRUSTEE	4.00 0.00	X						0	0	0
(11) SHARON CHANG TRUSTEE	2.00 0.00	X						0	0	0
(12) EVAN R CHESLER TRUSTEE & EXEC VICE CHAIR	8.00 0.00	X		X				1,500	0	0
(13) STEVEN M COHEN TRUSTEE	4.00 0.00	X						0	0	0
(14) STUYVIE COMFORT TRUSTEE	4.00 0.00	X						0	0	0
(15) JINSONG DING TRUSTEE	2.00 0.00	X						0	0	0
(16) FIONA DRUCKENMILLER TRUSTEE	2.00 0.00	X						0	0	0
(17) GALE DRUKIER TRUSTEE	2.00 0.00	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) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JOEL S EHRENKRANZ TRUSTEE	4.00 0.00	X						0	0	0
(19) LUN FENG TRUSTEE	2.00 0.00	X						0	0	0
(20) LAURENCE D FINK TRUSTEE & VICE CHAIR	6.00 0.00	X		X				0	0	0
(21) LUIZ FRAGA TRUSTEE	2.00 0.00	X						0	0	0
(22) JEFFREY GOULD TRUSTEE	2.00 0.00	X						0	0	0
(23) LISA YOO HAHN TRUSTEE	2.00 0.00	X						0	0	0
(24) BORIS JORDAN TRUSTEE	2.00 0.00	X						0	0	0
(25) DAVID KATZ TRUSTEE & EXEC VICE CHAIR	6.00 0.00	X		X				0	0	0
(26) ALEXANDER KNASTER TRUSTEE	2.00 0.00	X						0	0	0
(27) DAVID KO TRUSTEE	4.00 0.00	X						0	0	0
(28) ANDRE JL KOO TRUSTEE	4.00 0.00	X						0	0	0
(29) KENNETH LANGONE TRUSTEE	2.00 0.00	X						0	0	0
(30) TRACI LERNER TRUSTEE	4.00 0.00	X						0	0	0
(31) MARK LESLIE TRUSTEE	2.00 0.00	X						0	0	0
(32) MARTIN LIPTON TRUSTEE	6.00 0.00	X						0	0	0
(33) KELLY KENNEDY MACK TRUSTEE & EXEC VICE CHAIR	6.00 0.00	X		X				0	0	0
(34) RIMA AL MOKARRAB TRUSTEE	2.00 0.00	X						0	0	0
(35) KHALDOON KHALIFA AL MUBARAK TRUSTEE	2.00 0.00	X						0	0	0
(36) THOMAS S MURPHY JR TRUSTEE & EXEC VICE CHAIR	6.00 0.00	X		X				0	0	0
(37) DAVID C OXMAN TRUSTEE	4.00 0.00	X						0	0	0
(38) DASHA RETTEW TRUSTEE (END: 8/31/2023)	4.00 0.00	X						0	0	0
(39) BRETT B ROCHKIND TRUSTEE	4.00 0.00	X						0	0	0
(40) LISA SILVERSTEIN TRUSTEE	2.00 0.00	X						0	0	0
(41) LARRY SILVERSTEIN TRUSTEE	2.00 0.00	X						0	0	0
(42) CHANDRIKA TANDON TRUSTEE & VICE CHAIR	6.00 0.00	X		X				0	0	0
(43) DAVID TANNER TRUSTEE	2.00 0.00	X						0	0	0
(44) ANTHONY WELTERS VICE CHAIR & EXEC VICE CHAIR	6.00 0.00	X		X				0	0	0
(45) LEONARD A WILF TRUSTEE & VICE CHAIR	6.00 0.00	X		X				0	0	0
(46) NIKOLAI WOLFE TRUSTEE	2.00 0.00	X						0	0	0
(47) CHARLES ZEGAR TRUSTEE	2.00 0.00	X						0	0	0
(48) MARTIN DORPH EXECUTIVE VICE PRESIDENT	50.00 2.20			X				972,174	0	336,356
(49) ROBERT GROSSMAN EVP, NYU LANGONE HEALTH	30.00 30.00			X				8,829,014	8,829,014	5,109,570
(50) AISHA OLIVER-STALEY GEN. COUNSEL & SECRETARY	50.00 2.20			X				729,661	0	48,997
(51) STEPHANIE PIANKA CFO	50.00 2.20			X				787,572	0	41,245
(52) THOMAS KOZAK ASSOCIATE SECRETARY	50.00 0.00			X				416,412	0	61,153
(53) MATHEW VARUGHESE ASSOCIATE SECRETARY	50.00 0.00			X				414,318	0	56,368
(54) GEORGINA DOPICO INTERIM PROVOST	50.00 0.50			X				536,489	0	41,245
(55) ROBERT CASHION SVP, UDAR (END DATE:06/30/23)	50.00 0.00				X			977,807	0	57,001
(56) LINDA CHIARELLI SVP OF CAP PROJECTS & FACILITIES	50.00 0.00				X			824,414	0	40,525
(57) KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	50.00 0.00				X			1,547,254	0	49,621
(58) JANINE WILCOX TREASURER	50.00 0.00				X			399,624	0	40,525
(59) ROBERT J CERFOLIO MD MBA CHIEF OF CLINICAL THORACIC SURGERY	60.00 0.00					X		7,357,656	0	63,213
(60) ANDREW BROTMAN MD EVP/VICE DEAN/CHIEF CLINICAL OFFICER	30.00 30.00					X		5,645,421	5,645,421	2,200,456
(61) VICKI MATCH SUNA AIA EVP/VICE DEAN, REAL ESTATE	30.00 30.00					X		3,563,256	3,563,256	1,296,232
(62) NANCY SANCHEZ EVP/VICE DEAN, HR AND ODL	30.00 30.00					X		3,551,606	3,551,606	1,309,846
(63) DANIEL J WIDAWSKY EVP/VICE DEAN/CFO	30.00 30.00					X		4,565,627	4,565,627	2,857,746
(64) KATHERINE FLEMING FORMER PROVOST	50.00 0.50						X	686,676	0	30,592
(65) PIETRINA SCARAGLINO FORMER ASSOCIATE SECRETARY	30.00 30.00						X	247,526	247,526	76,404
(66) THOMAS J CAREW FORMER DEAN OF FAS	50.00 0.00						X	365,916	0	48,997

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	45,063,951	26,402,450	14,332,663

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 ▶ 10,165

			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
COLLINS BUILDING SERVICES INC 24-01 44TH ROAD 15TH FL QUEENS, NY 11101	JANITORIAL	126,671,705
TURNER CONSTRUCTION COMPANY CORP 375 HUDSON STREET 6TH FL NEW YORK, NY 10014	CONSTRUCTION	68,100,393
COMPASS GROUP USA INC NORTH AMERICA 2400 YORKMONT ROAD CHARLOTTE, NC 28217	HOSPITALITY MANAGEMENT	52,844,320
CHANGE HEALTHCARE TECH ENABLED SVCS LLC 5995 WINDWARD PARKWAY ALPHARETTA, GA 30005	COMPUTER AND DATA PROCESSING	32,654,147
2U INC 7900 HARKINS RD LANHAM, MD 20706	EDUCATIONAL SERVICES	18,575,426

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 ▶ 1,507

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514

Contributions, Gifts, Grants, and OtherAmt Similar Amounts

Line	Description		Amount
1a	Federated campaigns	1a	
b	Membership dues	1b	
c	Fundraising events	1c	7,668,714
d	Related organizations	1d	3,044,754
e	Government grants (contributions)	1e	1,109,830,596
f	All other contributions, gifts, grants, and similar amounts not included above	1f	477,208,476
g	Noncash contributions included in lines 1a - 1f:$	1g	92,640,888
h	**Total.** Add lines 1a-1f ▶		1,597,752,540

Program Service Revenue

Line	Description	Business Code	(A)	(B)	(C)	(D)
2a	PATIENT CARE	623990	3,790,606,000	3,790,606,000		
b	TUITION & FEES	611600	3,408,975,000	3,408,975,000		
c	OTHER PROGRAM SERVICES	611600	671,303,305	671,303,305		
d	HOUSING AND DINING	721310	358,756,777	358,756,777		
e						
f	All other program service revenue.					
g	**Total.** Add lines 2a–2f. ▶		8,229,641,082			

Other Revenue

Line	Description	(A)	(B)	(C)	(D)
3	Investment income (including dividends, interest, and other similar amounts) ▶	140,881,651		12,939,623	127,942,028
4	Income from investment of tax-exempt bond proceeds ▶				
5	Royalties ▶	11,233,940			11,233,940

Line	Description		(i) Real	(ii) Personal
6a	Gross rents	6a	77,074,873	
b	Less: rental expenses	6b	54,321,473	
c	Rental income or (loss)	6c	22,753,400	

Line	Description	(A)	(B)	(C)	(D)
d	Net rental income or (loss) ▶	22,753,400		314,948	22,438,452

Line	Description		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	7a	1,582,375,346	
b	Less: cost or other basis and sales expenses	7b	1,453,469,680	
c	Gain or (loss)	7c	128,905,666	

Line	Description		Amount	(A)	(B)	(C)	(D)
d	Net gain or (loss) ▶			128,905,666			128,905,666
8a	Gross income from fundraising events (not including $ 7,668,714 of contributions reported on line 1c). See Part IV, line 18	8a	1,207,599				
b	Less: direct expenses	8b	745,502				
c	Net income or (loss) from fundraising events ▶			462,097			462,097
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	6,212,479				
b	Less: cost of goods sold	10b	2,007,004				
c	Net income or (loss) from sales of inventory ▶			4,205,475			4,205,475

OtherRevenueMiscAmt

Line	Description	Business Code	(A)	(B)	(C)	(D)
11a	CHANGES IN POST RET.	525100	72,721,226			72,721,226
b	OTHER AUX. ENTERPRISES	900099	15,068,579		1,703,352	13,365,227
c						
d	All other revenue		258,619,104		354,908	258,264,196
e	**Total.** Add lines 11a–11d ▶		346,408,909			
12	**Total revenue.** See instructions ▶		10,482,244,760	8,229,641,082	15,312,831	639,538,307

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	8,787,069	8,787,069		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	697,619,810	697,619,810		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	280,260,885	280,260,885		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	20,542,012	3,333,753	17,208,259	
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	4,875,949,136	4,419,089,082	418,208,767	38,651,287
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	236,703,673	215,501,425	19,322,545	1,879,703
9 Other employee benefits	570,401,613	524,340,885	41,449,242	4,611,486
10 Payroll taxes	229,420,860	207,279,620	20,341,239	1,800,001
11 Fees for services (non-employees):				
a Management	508,219		508,219	
b Legal	21,214,372		21,027,554	186,818
c Accounting	2,404,233		2,382,764	21,469
d Lobbying	587,156		587,156	
e Professional fundraising services. See Part IV, line 17	1,626,768			1,626,768
f Investment management fees	13,879,937		13,879,937	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	496,090,108	373,876,093	117,852,010	4,362,005
12 Advertising and promotion	33,949,517	31,490,517	2,459,000	
13 Office expenses	297,169,867	239,857,678	57,023,705	288,484
14 Information technology	78,948,000	43,073,612	34,996,854	877,534
15 Royalties . .	1,616,000	899,000	717,000	
16 Occupancy	366,074,000	338,550,345	27,523,655	
17 Travel	126,991,195	117,298,884	8,838,612	853,699
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	9,806,332	7,216,145	2,535,260	54,927
20 Interest	245,835,978	177,275,000	68,560,978	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	541,996,284	305,601,284	236,395,000	
23 Insurance . . .	34,381,782	6,050,110	28,324,813	6,859
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	316,741,000	314,231,000	2,510,000	
b REPAIR & MAINTENANCE	172,740,000	158,144,000	14,582,057	13,943
c NONCLINICAL COVID-19	3,129,000		3,129,000	
d				
e All other expenses	409,467,863	264,903,978	142,026,624	2,537,261
25 **Total functional expenses.** Add lines 1 through 24e	10,094,842,669	8,734,680,175	1,302,390,250	57,772,244
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 . . . . ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1,424,062,881	1	0
	2	Savings and temporary cash investments			325,185,000	2	1,517,145,055
	3	Pledges and grants receivable, net			604,526,000	3	548,188,000
	4	Accounts receivable, net			378,581,485	4	406,207,836
	5	Loans and other receivables from 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			804,798	5	0
	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			119,020,411	7	101,018,315
	8	Inventories for sale or use			1,620,000	8	2,388,000
	9	Prepaid expenses and deferred charges			148,454,564	9	162,484,709
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	15,137,956,895			
	b	Less: accumulated depreciation	10b	6,100,338,537	8,305,801,023	10c	9,037,618,358
	11	Investments—publicly traded securities			1,783,765,940	11	2,021,556,931
	12	Investments—other securities. See Part IV, line 11			3,739,334,000	12	3,891,351,405
	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			2,046,515,181	15	2,069,755,526
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			18,909,220,283	16	19,789,263,135
Liabilities	17	Accounts payable and accrued expenses			1,322,687,246	17	1,419,238,035
	18	Grants payable				18	
	19	Deferred revenue			1,288,002,000	19	1,317,673,000
	20	Tax-exempt bond liabilities			3,109,460,000	20	2,999,391,000
	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			1,393,459,000	23	1,720,466,000
	24	Unsecured notes and loans payable to unrelated third parties			1,741,821,000	24	1,689,302,000
	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			3,038,320,654	25	3,006,376,913
	26	**Total liabilities.** Add lines 17 through 25			11,893,749,900	26	12,152,446,948
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			2,701,549,100	27	3,157,752,667
	28	Net assets with donor restrictions			4,313,921,283	28	4,479,063,520
		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			7,015,470,383	32	7,636,816,187
	33	Total liabilities and net assets/fund balances			18,909,220,283	33	19,789,263,135

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	10,482,244,760
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,094,842,669
3	Revenue less expenses. Subtract line 2 from line 1	3	387,402,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,015,470,383
5	Net unrealized gains (losses) on investments	5	233,943,713
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 32, column	10	7,636,816,187

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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)

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
2022
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).)

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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,287,796,390	1,205,644,208	1,501,723,992	1,449,624,309	1,597,752,540	7,042,541,439
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	1,287,796,390	1,205,644,208	1,501,723,992	1,449,624,309	1,597,752,540	7,042,541,439
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.						7,042,541,439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	1,287,796,390	1,205,644,208	1,501,723,992	1,449,624,309	1,597,752,540	7,042,541,439
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	148,802,852	163,497,780	123,784,899	183,416,576	229,190,464	848,692,571
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	302,196	2,493,242	2,979,806	2,492,665	15,312,831	23,580,740
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	46,461,249	57,345,035	236,327,591	426,527,202	353,828,987	1,120,490,064
11 **Total support.** Add lines 7 through 10						9,035,304,814

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 | 8,229,641,082

13 **First 5 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 2022 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 77.940 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . | 15 | 79.810 %

16a **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2022.** 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—2021.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 on line 2a, above 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 lines 3a and 3b 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?*If "Yes" or "No", 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***)	**5**	
6 Other distributions (*describe in **Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2022**	**(iii)** **Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in **Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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)

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

2022

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.

	(a)	(b)
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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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		49,172
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		649,656
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		11,761
i Other activities?		No	
j Total. Add lines 1c through 1i			710,589
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 AND NYU IN WASHINGTON DAY. APPROXIMATELY 15 NEW YORK UNIVERSITY STUDENTS VOLUNTEERED IN AN ADVOCACY DAY SUPPORTING THE NEW YORK STATE FINANCIAL AID PROGRAMS THAT BENEFIT LOW-INCOME STUDENTS AS PART OF NYU'S ANNUAL STUDENT ADVOCACY DAY. APPROXIMATELY 10 NEW YORK UNIVERSITY STUDENTS VOLUNTEERED IN AN ADVOCACY DAY SUPPORTING FEDERAL FINANCIAL AID PROGRAMS, SUCH AS PELL GRANTS AND FEDERAL WORK STUDY, THAT BENEFIT LOW-INCOME STUDENTS AS PART OF NYU'S ANNUAL DC STUDENT AID ADVOCACY DAY IN WASHINGTON D.C. 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. NYU WORKED WITH A CONSULTANT, WHICH PROVIDED STRATEGIC COUNSEL PERTAINING TO FEDERAL GOVERNMENT RELATIONS AND FEDERAL RESEARCH AND DEVELOPMENT. THE UNIVERSITY PAYS FOR MEMBERSHIPS TO VARIOUS ORGANIZATIONS WHERE PART OF THE MEMBERSHIP FEES ARE ALLOCATED TO LOBBYING.

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

2022

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 FASB 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 FASB 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 FASB 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	5,232,956,389	5,718,111,583	4,576,066,176	4,217,098,154	4,216,231,511
b Contributions	372,918,885	234,956,202	181,784,275	219,827,501	155,303,286
c Net investment earnings, gains, and losses	470,682,209	-494,754,863	1,188,541,998	369,302,309	120,707,053
d Grants or scholarships	81,483,396	64,474,704	59,345,581	53,962,536	49,059,790
e Other expenditures for facilities and programs	158,106,065	144,272,214	156,365,870	165,166,116	206,374,509
f Administrative expenses	14,043,288	16,609,615	12,569,415	11,033,136	19,709,397
g End of year balance	5,822,924,734	5,232,956,389	5,718,111,583	4,576,066,176	4,217,098,154

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

a Board designated or quasi-endowment ▶ 33.000 %

b Permanent endowment ▶ 67.000 %

c Term 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		171,034,000		171,034,000
b Buildings		12,652,289,048	4,804,907,309	7,847,381,739
c Leasehold improvements				
d Equipment		1,696,688,847	1,295,431,228	401,257,619
e Other		617,945,000		617,945,000

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 9,037,618,358

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	147,352,294	F
(B) CREDIT	232,225,940	F
(C) FIXED INCOME SECURITIES	429,362,538	F
(D) HEDGE FUNDS SECURITIES	878,992,192	F
(E) NATURAL RESOURCES	37,898,686	F
(F) PRIVATE EQUITY SECURITIES	898,608,218	F
(G) PUBLIC EQUITY SECURITIES	916,671,359	F
(H) REAL ESTATE	312,162,178	F
(I) SPLIT INTEREST AGREEMENTS	38,078,000	F
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	3,891,351,405	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(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	40,856,526
(2)DEFERRED COMPENSATION PLAN ASSETS HELD FOR OTHERS	483,483,000
(3)OPERATING LEASE RIGHT OF USE ASSET	1,527,534,000
(4)NET BENEFIT ASSET	17,882,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,069,755,526

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	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,006,376,913

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)

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

2022

Open to Public Inspection

Name of the organization	Employer identification number
NEW YORK UNIVERSITY	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 on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, 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

2022

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 AND THE CARIBBEAN	0	14	EDUCATION/RESEARCH	INSTRUCTION	1,118,939
(2)	EAST ASIA AND THE PACIFIC	2	4	EDUCATION/RESEARCH	INSTRUCTION	2,119,963
(3)	EUROPE	9	262	EDUCATION/RESEARCH	INSTRUCTION	77,432,926
(4)	MIDDLE EAST AND NORTH AFRICA	2	571	EDUCATION/RESEARCH	INSTRUCTION	214,899,724
(5)	SOUTH AMERICA	1	13	EDUCATION/RESEARCH	INSTRUCTION	3,791,746
(6)	SUB-SAHARAN AFRICA	3	21	EDUCATION/RESEARCH	INSTRUCTION	3,436,368
(7)	SOUTH ASIA	0	0	EDUCATION/RESEARCH	INSTRUCTION	697,809
(8)	NORTH AMERICA	0	0	EDUCATION/RESEARCH	INSTRUCTION	152,019
(9)	RUSSIA AND NEIGHBORING STATES	0	8	EDUCATION/RESEARCH	INSTRUCTION	54,292
(10)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		674,735,552
(11)	EUROPE	0	0	INVESTMENTS		157,050,317
(12)	NORTH AMERICA	0	0	INVESTMENTS		6,763,779
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	17	885			303,649,494
b	Total from continuation sheets to Part I	0	8			838,603,940
c	**Totals** (add lines 3a and 3b)	17	893			1,142,253,434

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	251	7,351,807	CREDIT TO BURSAR ACCOUNTS			
(2)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EAST ASIA AND THE PACIFIC	3,964	69,271,066	CREDIT TO BURSAR ACCOUNTS			
(3)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EUROPE	902	29,242,660	CREDIT TO BURSAR ACCOUNTS			
(4)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	MIDDLE EAST & NORTH AFRICA	952	57,120,726	CREDIT TO BURSAR ACCOUNTS			
(5)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	NORTH AMERICA	459	11,803,955	CREDIT TO BURSAR ACCOUNTS			
(6)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	RUSSIA AND NEIGHBORING STATES	326	16,553,735	CREDIT TO BURSAR ACCOUNTS			
(7)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH AMERICA	487	14,553,133	CREDIT TO BURSAR ACCOUNTS			
(8)	SCHOLARSHIPS, FELLOWSHIPS. GRANTS	SOUTH ASIA	2,291	57,354,085	CREDIT TO BURSAR ACCOUNTS			
(9)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SUB-SAHARAN AFRICA	372	17,009,719	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)

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

2022

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	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 COMMUNITY COUNSELING SERVICE CO LLC 527 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10022	CONSULTING		No	11,250,000	508,843	10,741,158
2 RUFFALO NOEL LEVITZ 1025 KIRKWOOD PKWY SW CEDAR RAPIDS, IA 52404	PHONATHON		No	1,948,472	1,117,925	830,547
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶				13,198,472	1,626,768	11,571,705

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 FACES GALA (event type)	(b) Event #2 HOSPITALITY IND INVEST CONF (event type)	(c) Other events 15 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	5,003,747	1,270,000	2,602,566	8,876,313
	2 Less: Contributions	4,873,497	822,400	1,972,817	7,668,714
	3 Gross income (line 1 minus line 2)	130,250	447,600	629,749	1,207,599
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	260,286	114,300	370,916	745,502
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				745,502
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				462,097

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

2022

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 ACADEMY OF NURSING 1000 VERMONT AVENUE NW WASHINGTON,DC 20005	52-2213870	501(C)(3)	29,500	0			SUPPORT
(2) BOWERY RESIDENTS COMMITTEE (BRC) INC 131 WEST 25TH STREET 12TH FLOOR NEW YORK,NY 10001	13-2736659	501(C)(3)	17,500	0			SUPPORT
(3) BRIC ARTS MEDIA BROOKLYN INC 647 FULTON ST BROOKLYN,NY 11217	11-2547268	501(C)(3)	10,000	0			SUPPORT
(4) BROOKLYN BOOK FESTIVAL INC 249 SMITH STREET PMB 106 BROOKLYN,NY 11231	46-5328190	501(C)(3)	7,500	0			SUPPORT
(5) BROOKLYN CHAMBER OF COMMERCE 335 ADAMS STREET NO2700 BROOKLYN,NY 11201	11-0577070	501(C)(6)	20,000	0			SUPPORT
(6) BROOKLYN MUSEUM 200 EASTERN PARKWAY BROOKLYN,NY 11238	11-1672743	501(C)(3)	7,500	0			SUPPORT
(7) BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN,NY 11238	11-1904261	501(C)(3)	10,000	0			SUPPORT
(8) DUMBO DISTRICT MANAGEMENT ASSOCIATION INC 20 JAY STREET BROOKLYN,NY 11201	20-0214837	501(C)(3)	8,500	0			SUPPORT
(9) EASTERN NURSING RESEARCH SOCIETY 673 POTOMAC STATION DRIVE 801 LEESBURG,VA 20176	02-0451691	501(C)(3)	5,250	0			SUPPORT
(10) EDGI 55 WASHINGTON STREET STE 740 BROOKLYN,NY 11201	86-1343289		10,000	0			SUPPORT
(11) GREENWICH HOUSE INC 122 WEST 27TH STREET 6TH FLOOR NEW YORK,NY 10001	13-5562204	501(C)(3)	16,500	0			SUPPORT
(12) ISSUE PROJECT ROOM INC 140 SECOND AVENUE SUITE 503 NEW YORK,NY 10003	20-0367608	501(C)(3)	6,000	0			SUPPORT
(13) KAIZNTREE INC 320 E 6TH STREET APT 9F NEW YORK,NY 10003	93-3380262		10,000	0			SUPPORT
(14) LIKEHOME INC 60 REGENT STREET CAMBRIDGE,MA 02140	92-2348446		10,000	0			SUPPORT

(15) MINDFULL COMMUNITY 110 CHARLTON ST 20F NEW YORK,NY 10014	93-2400987		7,000	0			SUPPORT
(16) NAGIMO CORP 233 SOUTH 1ST STREET APT 4W BROOKLYN,NY 11211	92-1398855		10,000	0			SUPPORT
(17) NATIONAL CENTER OF PHILANTHROPHY AND THE LAW 110 WEST 3RD STREET - DAGOSTINO HALL NEW YORK,NY 10002	13-3954405	501(C)(3)	290,000	0			SUPPORT
(18) NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION INC 333 EAST 30TH STREET LOBBY UNIT NEW YORK,NY 10016	13-6013760	501(C)(3)	17,000	0			SUPPORT
(19) PEERAMID LABS INC 370 JAY STREET 7TH STREET BROOKLYN,NY 11201	92-0679460		10,000	0			SUPPORT
(20) PROSPECT PARK ALLIANCE INC 95 PROSPECT PARK WEST BROOKLYN,NY 11215	11-2843763	501(C)(3)	10,000	0			SUPPORT
(21) THE ARNOLD P GOLD FOUNDATION PO BOX 1116 ENGLEWOOD CLIFFS,NJ 07632	22-3052098	501(C)(3)	15,000	0			SUPPORT
(22) THE VILLAGE COMMITTEE FOR THE JEFFERSON MARKET AREA INC 511 SIXTH AVENUE 7313 NEW YORK,NY 10011	51-0153256	501(C)(3)	15,000	0			SUPPORT
(23) UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK,NY 10016	13-2617681	501(C)(3)	22,727	0			SUPPORT
(24) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE STREET NEW YORK,NY 10002	13-5562374	501(C)(3)	17,500	0			SUPPORT
(25) VILLAGE ALLIANCE 8 EAST 8TH STREET NEW YORK,NY 10003	13-3743340	501(C)(3)	25,000	0			SUPPORT
(26) VILLAGE SENIOR SERVICES CORPORATION 120 BROADWAY NEW YORK,NY 10271	26-2006545	501(C)(3)	10,000	0			SUPPORT
(27) WASHINGTON SQUARE PARK CONSERVANCY INC PO BOX 1624 COOPER STATION NEW YORK,NY 10276	46-1406128	501(C)(3)	552,409	0			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 20

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 7

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	30242	697,619,810			
(2) COURTESY MEALS	1617		207,525	FMV	FOOD ACCESSIBILTIY ASSISTANCE
(3) METRO CARDS	9947		108,500	FMV	TRANSPORTATION ASSISTANCE
(4) CHROMEBOOK	99		29,700	FMV	COMPUTER EQUIPMENT ASSISTANCE
(5) EMERGENCY FUND	30		18,004	FMV	FINANCIAL SUPPORT ASSISTANCE
(6) STUDENT MEALS	380		11,508	FMV	FOOD ASSISTANCE
(7) TEXTBOOKS	60		1,937	FMV	EDUCATIONAL SUPPLIES
(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

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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

2022

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 ☑ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☑ 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 ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	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**	Yes	
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
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**		No
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, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 ROBERT GROSSMAN EVP, NYU LANGONE HEALTH	(i)	2,077,062	4,100,000	2,651,952	2,536,307	18,478	11,383,799	2,708,248
	(ii)	2,077,062	4,100,000	2,651,952	2,536,307	18,478	11,383,799	2,708,248
2 ANDREW BROTMAN MD EVP/VICE DEAN/CHIEF CLINICAL OFFICER	(i)	942,917	2,250,000	2,452,504	1,097,096	3,132	6,745,649	786,715
	(ii)	942,917	2,250,000	2,452,504	1,097,096	3,132	6,745,649	786,715
3 DANIEL J WIDAWSKY EVP/VICE DEAN/CFO	(i)	1,099,038	2,344,000	1,122,589	1,404,672	24,201	5,994,500	1,099,634
	(ii)	1,099,038	2,344,000	1,122,589	1,404,672	24,201	5,994,500	1,099,634
4 VICKI MATCH SUNA AIA EVP/VICE DEAN, REAL ESTATE	(i)	544,058	1,625,000	1,394,198	636,337	11,779	4,211,372	322,218
	(ii)	544,058	1,625,000	1,394,198	636,337	11,779	4,211,372	322,218
5 NANCY SANCHEZ EVP/VICE DEAN, HR AND ODL	(i)	526,289	1,625,000	1,400,317	645,743	9,180	4,206,529	324,309
	(ii)	526,289	1,625,000	1,400,317	645,743	9,180	4,206,529	324,309
6 ROBERT J CERFOLIO MD MBA CHIEF OF CLINICAL THORACIC SURGERY	(i)	2,422,416	4,918,488	16,752	30,500	32,713	7,420,869	0
	(ii)	0	0	0	0	0	0	0
7 ANDREW HAMILTON TRUSTEE & PRES.(END DATE:6/30/23)	(i)	1,854,025	0	0	298,977	213,261	2,366,263	0
	(ii)	0	0	0	0	0	0	0
8 KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	(i)	788,831	758,423	0	30,500	19,121	1,596,875	0
	(ii)	0	0	0	0	0	0	0
9 MARTIN DORPH EXECUTIVE VICE PRESIDENT	(i)	972,174	0	0	305,703	30,653	1,308,530	0
	(ii)	0	0	0	0	0	0	0
10 ROBERT CASHION SVP, UDAR (END DATE:06/30/23)	(i)	830,755	108,471	38,581	30,500	26,501	1,034,808	0
	(ii)	0	0	0	0	0	0	0
11 LINDA CHIARELLI SVP OF CAP PROJECTS & FACILITIES	(i)	732,644	91,770	0	30,500	10,025	864,939	0
	(ii)	0	0	0	0	0	0	0
12 LINDA MILLS TRUSTEE & PRES.(START DATE:7/1/23)	(i)	790,003	0	0	30,500	23,833	844,336	0
	(ii)	0	0	0	0	0	0	0
13 STEPHANIE PIANKA CFO	(i)	745,885	41,687	0	30,500	10,745	828,817	0
	(ii)	0	0	0	0	0	0	0
14 AISHA OLIVER-STALEY GEN. COUNSEL & SECRETARY	(i)	729,661	0	0	30,500	18,497	778,658	0
	(ii)	0	0	0	0	0	0	0
15 KATHERINE FLEMING FORMER PROVOST	(i)	621,851	0	64,825	30,500	92	717,268	0
	(ii)	0	0	0	0	0	0	0
16 GEORGINA DOPICO INTERIM PROVOST	(i)	531,489	5,000	0	30,500	10,745	577,734	0
	(ii)	0	0	0	0	0	0	0
17 PIETRINA SCARAGLINO FORMER ASSOCIATE SECRETARY	(i)	220,116	25,000	2,410	15,250	22,952	285,728	0
	(ii)	220,116	25,000	2,410	15,250	22,952	285,728	0
18 THOMAS KOZAK ASSOCIATE SECRETARY	(i)	370,112	46,300	0	30,500	30,653	477,565	0
	(ii)	0	0	0	0	0	0	0
19 MATHEW VARUGHESE ASSOCIATE SECRETARY	(i)	368,218	46,100	0	25,781	30,587	470,686	0
	(ii)	0	0	0	0	0	0	0
20 JANINE WILCOX TREASURER	(i)	379,371	20,253	0	30,500	10,025	440,149	0
	(ii)	0	0	0	0	0	0	0
21 THOMAS J CAREW FORMER DEAN OF FAS	(i)	343,941	5,000	16,975	30,500	18,497	414,913	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	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 OF THE FIVE HIGHEST COMPENSATED EMPLOYEES HAVE A CAR AND DRIVER AVAILABLE FOR USE, AND INCOME WAS IMPUTED ON THEIR PERSONAL USE OF THE VEHICLE AND DRIVER. ONE OFFICER RECEIVED A TAX GROSS-UP PAYMENT WHICH WAS INCLUDED IN THEIR TAXABLE INCOME.
PART I, LINE 4B	PRESIDENT HAMILTON SHALL RECEIVE UPON VESTING A PAYMENT OF TWO HUNDRED FIFTY THOUSAND DOLLARS IN NON-QUALIFIED DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS PRESIDENT. EACH ANNUAL INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN DR. HAMILTON AND THE UNIVERSITY. EXECUTIVE VICE PRESIDENT MARTIN DORPH SHALL RECEIVE UPON VESTING A PAYMENT OF TWO HUNDRED FIFTY THOUSAND DOLLARS IN NON-QUALIFIED DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS EXECUTIVE VICE PRESIDENT THROUGH DECEMBER 31, 2024. EACH ANNUAL INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN MR. DORPH AND THE UNIVERSITY. ROBERT GROSSMAN - EXECUTIVE VICE PRESIDENT OF NYU GROSSMAN SCHOOL OF MEDICINE- PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (SERP) DURING THE CALENDAR YEAR 2022. THE EMPLOYER CONTRIBUTIONS TO THESE PLANS WERE $5,042,114 FOR THE CALENDAR YEAR 2022. THESE AMOUNTS ARE REPORTED AS A SHARED COST BETWEEN NYU LANGONE HEALTH AND NYU GROSSMAN SCHOOL OF MEDICINE ("GSOM"). THE SERP WAS MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN. FOUR OF THE FIVE HIGHEST PAID INDIVIDUALS PARTICIPATED IN SUPPLEMENTAL NON-QUALIFIED PLANS (SERP) DURING THE CALENDAR YEAR 2022. THE AMOUNTS LISTED BELOW REPRESENT THE EMPLOYER CONTRIBUTIONS TO THESE PLANS FOR THE CALENDAR YEAR 2022. DANIEL WIDAWSKY $2,778,843; ANDREW BROTMAN $2,163,691; NANCY SANCHEZ $1,260,986; AND VICKI MATCH SUNA $1,242,174. THESE AMOUNTS ARE REPORTED AS SHARED COSTS BETWEEN NYU LANGONE HEALTH AND NYU GROSSMAN SCHOOL OF MEDICINE ("GSOM"). THE SERPS WERE MADE PURSUANT TO NEGOTIATED AGREEMENTS WITH THE EMPLOYEES.
PART I, LINE 5	TWO KEY EMPLOYEES RECEIVED INCENTIVE COMPENSATION THAT IS BASED ON THE ACHIEVEMENT OF MUTUALLY AGREED-UPON, PRE-EXISTING GOALS RELATED TO THEIR RESPECTIVE OVERALL RESPONSIBILITIES AND PERFORMANCE. THESE PAYMENTS ARE MADE UNDER THEIR SPECIFIC COMPENSATION ARRANGEMENTS AND ARE DEEMED TO BE REASONABLE BY THE COMPENSATION COMMITTEE.
PART II COL. (F)	THE FOLLOWING INDIVIDUALS' OTHER REPORTABLE COMPENSATION (COL.(B)(III) INCLUDES A TAXABLE SERP DURING CALENDAR YEAR 2022. THIS AMOUNT INCLUDES SERP CONTRIBUTIONS PREVIOUSLY REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION. THESE AMOUNT ARE REPORTED AS A SHARED COST BETWEEN NYU LANGONE AND NYU GROSSMAN SCHOOL OF MEDICINE("GSOM"). DR.ROBERT GROSSMAN - $5,416,496; ANDREW W. BROTMAN -$1,573,430; DANIEL J.WIDAWSKY - $2,199,268; NANCY SANCHEZ - $648,618; VICKI MATCH SUNA - $644,436.

Additional Data

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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

2022

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	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
B	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
C	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
D	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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	14,795,000	90,980,000	27,340,000	62,365,000
2	Amount of bonds legally defeased		63,850,000	50,000,000	
3	Total proceeds of issue	55,000,000	785,376,847	691,246,963	522,276,122
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	55,000,000	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
11	Other spent proceeds				3,792
12	Other unspent proceeds				
13	Year of substantial completion	2014	2015	2016	2017

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, 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 2020, 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0.160 %		0 %		0 %	
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 ▶	0.020 %		0.150 %		0 %		0.030 %	
6	Total of lines 4 and 5	0.020 %		0.310 %		0 %		0.030 %	
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X

Part IV Arbitrage (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: REBATE COMPUTATION DATE BY BOND	BOND GROUP#1: (A) DASNY (NO CUSIP - PRIVATE PLACEMENT, SERIES 2014A) = 12/31/2023 (B) DASNY (CUSIP# 64990BFE8) = 12/31/2023 (C) DASNY (CUSIP# 64990CEC1) = 12/31/2023 (D) DASNY (CUSIP# 64990CC90) = 12/31/2023 BOND GROUP#2: (A) DASNY (CUSIP# 64990C7S4) = 12/31/2023 (B) DASNY (CUSIP # 64990GJT0) = 02/21/2024 (C) DASNY (CUSIP # 65000BDN5) = 12/31/2023 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. ALL BONDS: SCHEDULE K, PART III, LINE 6: LINE 4 AND LINE 5 ARE ROUNDED TO COMPUTE THE SUBTOTAL IN LINE 6. 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 (A) DASNY (NO CUSIP - PRIVATE PLACEMENT, SERIES 2014A TO REFUND THE DASNY INSURED REVENUE BONDS, SERIES 2004A. (B) 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. (C) 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. (D) 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 EVENUE BONDS (2007 POLYTECHNIC UNIVERSITY PROJECT). BOND SET #2 - NYU (A) DASNY (CUSIP# 64990C7S4) TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2018 PROJECT. (B) DASNY (CUSIP # 64990GJT0) TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2019 PROJECT. (C) DASNY (CUSIP # 65000BDN5) TO (I) TO REFUND A PORTION OF THE DASNY SERIES 2016A BONDS AND (II) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2021 PROJECT, WHICH COVERS MULTIPLE FACILITIES ON CAMPUS.

Additional Data

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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

2022

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	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
B	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
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 65000BDN5)	14-6000293	65000BDN5	07-29-2021	264,925,720	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	31,305,000	26,960,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	401,899,731	721,498,065	272,200,180	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows			50,000,000	
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	401,878,126	721,498,065	67,360,357	
11	Other spent proceeds				
12	Other unspent proceeds	21,605		154,839,823	
13	Year of substantial completion	2020	2021	2024	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?	X			X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
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			
c	Are there any research agreements that may result in private business use of bond-financed property?	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			
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 ▶	0.030 %		0.010 %		0 %			
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 ▶	0.150 %		0.070 %		0 %			
6	Total of lines 4 and 5	0.180 %		0.080 %		0 %			
7	Does the bond issue meet the private security or payment test?		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		
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			

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?	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		

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
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?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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			

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)

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

2022

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
Total . . . . ▶						$						

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 CHIARELLI SON	KEY EMP L CHIARELLI	85,075	EMPLOYEE		No
(2) L CHIARELLI SPOUSE	KEY EMP L CHIARELLI	175,942	EMPLOYEE		No
(3) ELISABETH COHEN SPOUSE	OFF. R. GROSSMAN	477,674	EMPLOYEE		No
(4) ANA M DOPICO SIBLING	OFF. G. DOPICO	194,027	EMPLOYEE		No
(5) ZVI BEN DOR SPOUSE	FMR OFF. K. FLEMING	446,442	EMPLOYEE		No
(6) JOHN SAUNDERS SON IN LAW	TRUSTEE W. BERKLEY	689,377	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	ALL TRANSACTIONS ARE MADE AT ARM'S LENGTH WITH NO INFLUENCE OF THE INTERESTED PERSON AND THE BENEFIT OF NEW YORK UNIVERSITY.

Additional Data

Return to Form

Software ID:

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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.

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2022

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	1,477	647,454	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		8,768	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	390	90,002,319	FMV
10 Securities—Closely held stock	X	1	1,000,000	FMV
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	FMV
18 Collectibles	X	23	66,659	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VIDEO GAME)	X	3	270,000	FMV
26 Other ▶ (OTHER MISC.)	X	363	141,142	FMV
27 Other ▶ (INSURANCE)	X	56	38,445	FMV
28 Other ▶ ( )				

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** 7

		Yes	No
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
SCHEDULE M, PART I, COLUMN (B):	THE VALUATION RECORDED IN THE UNIVERSITY'S FUNDRAISING SYSTEM IS BASED UPON THE PROFESSIONAL APPRAISAL SUBMITTED WITH THE GIFT. IN THE EVENT THERE IS NO APPRAISAL AND VALUATION CAN NOT BE DETERMINED,A NOMINAL VALUE OF $2 IS RECORDED.

Additional Data

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Software ID:

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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2022
Open to Public Inspection

Name of the organization
NEW YORK UNIVERSITY

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13-5562308

Return Reference	Explanation
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): THE COLLEGE OF ARTS AND SCIENCE, SCHOOL OF LAW, NYUGSOM (REPORTED AS A PART OF NYU LANGONE HEALTH), 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, NYU ABU DHABI, TANDON SCHOOL OF ENGINEERING (FORMERLY POLYTECHNIC UNIVERSITY FOUNDED IN 1854), RORY MEYERS COLLEGE OF NURSING, INSTITUTE FOR THE STUDY OF THE ANCIENT WORLD, SCHOOL OF GLOBAL PUBLIC HEALTH, AND NYU GROSSMAN LONG ISLAND SCHOOL OF MEDICINE (REPORTED AS PART OF NYU LANGONE HEALTH). THE UNIVERSITY ALSO OPERATES ACADEMIC PROGRAM SITES AND RESEARCH PROGRAMS IN OTHER PARTS OF THE UNITED STATES AND ABROAD. IN ADDITION TO THE ABOVE COLLEGES, SCHOOLS, DIVISIONS, INSTITUTES AND PORTAL CAMPUSES, NYU HAS A DEGREE-GRANTING CAMPUS IN SHANGHAI, PEOPLE'S REPUBLIC OF CHINA, NYU SHANGHAI, WHICH OPERATES AS A JOINT VENTURE WITH EAST CHINA NORMAL UNIVERSITY.
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, 2023.
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 EXECUTIVE VICE PRESIDENT & INTERIM CFO, 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 THEIR COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ON THE NYU 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.

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

2022

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	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)SIR HAROLD ACTON TRUST 105 EAST 17TH STREET 4TH 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 4TH 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 4TH NEW YORK, NY 10003 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 HEALTH SYSTEM	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 HEALTH SYSTEM	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	SUPPORTS NYU'S PROGRAM IN FRANCE	FR			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
FR 98-1058568							
(13)NYU LANGONE HEALTH SYSTEM 550 FIRST AVENUE MSB 153 NEW YORK, NY 10016 47-2613531	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 12B, II	NEW YORK UNIVERSITY	Yes	
(14)NEW YORK UNIVERSITY IN AFGHANISTAN 150 MASJID E HAJI ABDURRAHIM ST CHA KABUL AF	SUPPORTS NYU'S ACTIVITIES IN AFGHANISTAN	AF			NEW YORK UNIVERSITY	Yes	
(15)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 HEALTH SYSTEM	Yes	
(16)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	
(17)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	
(18)NEW YORK UNIVERSITY VEBA TRUST 105 EAST 17TH STREET 4TH FL NEW YORK, NY 10003 01-6274657	FUNDS NYU POSTRETIREMENT HEALTH AND WELFARE PLAN	NY	501(C)(9)		NEW YORK UNIVERSITY	Yes	
(19)NYU HONG KONG FOUNDATION LTD ROOM 804 THE TESBURY CENTRE28 QUE ROAD EAST, WAN CHAI HK	FUNDRAISING ACTIVITIES IN HONG KONG	HK			NEW YORK UNIVERSITY	Yes	
(20)LONG ISLAND COMMUNITY HOSPITAL AT NYU LANGONE HEALTH 101 HOSPITAL ROAD PATCHOGUE, NY 11772 11-1704595	HOSPITAL	NY	501(C)(3)	LINE 3	NYU LANGONE HEALTH SYSTEM	Yes	
(21)BROOKHAVEN HEALTH CARE SERVICES CORPORATION 101 HOSPITAL ROAD PATCHOGUE, NY 11772 11-2950196	SUPPORT LONG ISLAND COMMUNITY HOSPITAL	NY	501(C)(3)	LINE 7	NYU LANGONE HEALTH SYSTEM	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	14,097,126	14,137,883		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	79,640,000	1,044,422,000	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	2,391,732	22,062,258	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	89,277	519,579	100.000 %		No
(4)NYU PLUS PARIS 57BD SAINT GERMAIN PARIS, 75005 FR	CONTINUING AND EXECUTIVE EDUCATION	FR	NEW YORK UNIVERSITY	C	67,382	964,771	100.000 %		No
(5)SHORE HILL HOUSING ASSOCIATES GP INC 550 FIRST AVENUE HCC 15 NEW YORK, NY 10016 26-2243695	HOUSING	NY	N/A	C					No
(6)CHARITABLE REMAINDER TRUSTS (8) C/O NYU105 E17TH STREET 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	T					No
(7)POOLED INCOME FUNDS (2) C/O NYU105 E17TH STREET 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	T					No
(8)BROOKHAVEN PHYSICIAN SERVICES PC 100 HOSPITAL ROAD PATCHOGUE, NY 11772 26-0628913	HEALTHCARE	NY	N/A	C					No
(9)BROOKHAVEN SURGICAL SERVICES PC 100 HOSPITAL ROAD PATCHOGUE, NY 11772 26-0885844	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**	Yes	

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	1,393,799	FAIR MARKET VALUE
(2)LA PIETRA SRL	J	1,271,164	FAIR MARKET VALUE
(3)LA PIETRA SRL	M	851,729	FAIR MARKET VALUE
(4)LA PIETRA SRL	N	272,422	FAIR MARKET VALUE
(5)LA PIETRA SRL	P	233,139	FAIR MARKET VALUE
(6)LA PIETRA SRL	B	17,966,376	FAIR MARKET VALUE
(7)NATIONAL CENTER ON PHILANTHROPY AND THE LAW INC	B	320,000	FAIR MARKET VALUE
(8)NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION	B	7,602,841	FAIR MARKET VALUE
(9)NYU LANGONE HEALTH SYSTEM	C	324,888,711	FAIR MARKET VALUE
(10)NYU LANGONE HEALTH SYSTEM	O	397,993,567	FAIR MARKET VALUE
(11)NYU LANGONE HEALTH SYSTEM	P	122,007,038	FAIR MARKET VALUE
(12)NYU LANGONE HEALTH SYSTEM	Q	1,439,993,663	FAIR MARKET VALUE
(13)NYU LANGONE HEALTH SYSTEM	S	5,319,776	FAIR MARKET VALUE
(14)NYU IN FRANCE	R	12,034,253	FAIR MARKET VALUE
(15)NYU IN FRANCE	B	10,590,627	FAIR MARKET VALUE
(16)NYU IN LONDON	R	161,427,392	FAIR MARKET VALUE
(17)NYU IN TEL AVIV LTD	R	2,335,434	FAIR MARKET VALUE
(18)NYU IN TEL AVIV LTD	B	824,501	FAIR MARKET VALUE
(19)SIR HAROLD ACTON CHARITABLE TRUST	C	1,089,582	FAIR MARKET VALUE
(20)WASHINGTON SQUARE LEGAL SERVICES	P	126,372	FAIR MARKET VALUE
(21)NEW YORK UNIVERSITY VEBA TRUST	R	11,866,000	FAIR MARKET VALUE
(22)NYU PLUS PARIS	R	150,173	FAIR MARKET VALUE
(23)KJC (REY JUAN CARLOS I DE ESPANA DE LA UNIVERSIDAD DE NUEVA YORK)	R	243,125	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: