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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 09-01-2024 , and ending 08-31-2025

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

C Name of organization
New York University

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
105 East 17TH ST 4TH FL ROOM 411

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 $ 14,846,479,213

F Name and address of principal officer:
LINDA MILLS
105 East 17TH ST 4TH FL ROOM 411
NEW YORK,NY 100039580

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

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

H(c) Group exemption number

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

J Website: WWW.NYU.EDU

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

L Year of formation: 1831

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
NYU IS A PRIVATE UNIVERSITY WITH APPROXIMATELY 60,000 MATRICULATING 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**	50
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 2024 (Part V, line 2a)	**5**	50,092
6	Total number of volunteers (estimate if necessary)	**6**	5,553
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,867,639
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	5,042,728

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,722,373,043	1,753,023,111
9	Program service revenue (Part VIII, line 2g)	9,021,565,732	9,591,371,984
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	275,857,097	482,480,834
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	598,501,691	567,377,064
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,618,297,563	12,394,252,993
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,015,533,547	1,057,746,164
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,636,604,864	7,243,635,635
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,781,555	1,321,000
b	Total fundraising expenses (Part IX, column (D), line 25) 63,097,710		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,455,552,624	3,543,094,679
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,109,472,590	11,845,797,478
19	Revenue less expenses. Subtract line 18 from line 12	508,824,973	548,455,515

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	21,118,915,579	23,589,633,382
21	Total liabilities (Part X, line 26)	12,396,555,038	14,129,039,979
22	Net assets or fund balances. Subtract line 21 from line 20	8,722,360,541	9,460,593,403

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
JANINE WILCOX CFO, Treasurer & SVP
Type or print name and title

2026-07-13
Date

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.

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 $ 4,684,279,791 including grants of $) (Revenue $ 4,758,906,000)

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 HEALTHCARE INSTITUTIONS IN THE U.S. 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. IT'S 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 (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses $ 3,190,480,056 including grants of $ 953,640,000) (Revenue $ 3,597,701,000)

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 22,000 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 13 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.

4c (Code:) (Expenses $ 1,423,066,657 including grants of $) (Revenue $ 1,151,566,959)

RESEARCH AND SCHOLARSHIP: AS A MEMBER OF THE ASSOCIATION OF AMERICAN UNIVERSITIES (AAU) AND CLASSIFIED AS AN R1 INSTITUTION, NYU IS A TOP-TIER RECIPIENT OF FUNDING FROM THE NIH, NSF, AND OTHER MAJOR FEDERAL AND PRIVATE AGENCIES. NYU IS A MAJOR RESEARCH INSTITUTION, WITH SIGNIFICANT SUPPORT FROM NIH, NSF AND OTHER FUNDERS; IT IS A TOP 12 INSTITUTION NATIONALLY IN THE NSF'S ANNUAL HIGHER EDUCATION RESEARCH AND DEVELOPMENT SURVEY (AND #1 IN NEW YORK STATE), AND IT IS ONE OF THE SELECT GROUP OF U.S. UNIVERSITIES WITH RESEARCH EXPENDITURES EXCEEDING $1 BILLION PER YEAR. 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. (CONTINUED ON SCHEDULE O)

(Code:) (Expenses $ 981,866,818 including grants of $ 104,106,164) (Revenue $ 1,234,764,984)

OTHER PROGRAM SERVICES: STUDENT SERVICES; STUDENT AID; LIBRARY; AND OPERATION AND MAINTENANCE OF PLANT.

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

(Expenses $ 981,866,818 including grants of $ 104,106,164) (Revenue $ 1,234,764,984)

4e **Total program service expenses** 10,279,693,322

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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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	65,307		
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 Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	50,092		
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: HK,AR,EI,IS,IT,JE,LU,AS,SP,AE,UK,VI, CA,CJ,CH,CY,EZ,FR,GM,GH,GR 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 the 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**	50		
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**		No
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**		No
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**		No

Section C. Disclosure

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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY WELTERS VICE CHAIR & EXEC VICE CHAIR	3.0 0.2	X		X				0	0	0
(2) CHANDRIKA TANDON TRUSTEE & VICE CHAIR	3.0 0	X		X				0	0	0
(3) DAVID KATZ TRUSTEE & EXEC VICE CHAIR	3.0 0.2	X		X				1,500	0	0
(4) EVAN R CHESLER TRUSTEE & CHAIR	30.0 0.2	X		X				0	0	0
(5) KELLY KENNEDY MACK TRUSTEE & EXEC VICE CHAIR	3.0 0	X		X				0	0	0
(6) LAURENCE D FINK TRUSTEE & VICE CHAIR (End date: 10/09/2024)	2.0 0	X		X				0	0	0
(7) LEONARD A WILF TRUSTEE & VICE CHAIR	2.0 0.2	X		X				0	0	0
(8) LINDA MILLS PRESIDENT & TRUSTEE	70.0 10.2	X		X				2,102,744	0	852,245
(9) PHYLLIS PUTTER BARASCH VICE CHAIR & EXEC VICE CHAIR	3.0 0	X		X				0	0	0
(10) THOMAS S MURPHY JR TRUSTEE & EXEC VICE CHAIR	2.0 0	X		X				0	0	0
(11) WILLIAM R BERKLEY trustee & exec vice chair	3.0 0	X		X				0	0	0
(12) ALAN GALLO TRUSTEE	3.0 0	X						0	0	0
(13) ALEXANDER KNASTER TRUSTEE	2.0 0	X						0	0	0
(14) ANDRE JL KOO TRUSTEE	2.0 0	X						0	0	0
(15) ANDREA C BONOMI TRUSTEE	2.0 0	X						0	0	0
(16) BORIS JORDAN TRUSTEE	2.0 0	X						0	0	0
(17) BRETT B ROCHKIND TRUSTEE	2.0 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) CASEY BOX TRUSTEE	3.00	X						0	0	0
(19) CHARLES ZEGAR TRUSTEE	2.00	X						0	0	0
(20) CHRISTINA DENNIS TRUSTEE	2.00	X						0	0	0
(21) DAMARIS HERNANDEZ TRUSTEE	3.02	X						0	0	0
(22) DANIEL J WIDAWSKY Former EVP/VICE DEAN/CFO & TRUSTEE	30.00 30.00	X						97,658	97,658	23,230
(23) DAVID C OXMAN TRUSTEE	2.00	X						0	0	0
(24) DAVID HANDLER TRUSTEE (START DATE: 06/04/2025)	2.00	X						0	0	0
(25) DAVID KO TRUSTEE	2.00	X						0	0	0
(26) DAVID TANNER TRUSTEE	2.00	X						0	0	0
(27) ELIO F MARTINEZ JR TRUSTEE	2.00	X						0	0	0
(28) FIONA DRUCKENMILLER TRUSTEE	2.00	X						0	0	0
(29) GALE DRUKIER TRUSTEE	2.00	X						0	0	0
(30) Gregorio Napoleone TRUSTEE	2.00	X						0	0	0
(31) JEFFREY S GOULD TRUSTEE	2.00	X						0	0	0
(32) JINSONG DING TRUSTEE	2.00	X						0	0	0
(33) JOEL S EHRENKRANZ TRUSTEE	3.00	X						0	0	0
(34) JOSEPH LANDY TRUSTEE (START DATE: 02/26/25)	2.00	X						0	0	0
(35) KENNETH LANGONE TRUSTEE (END DATE: 06/04/2025)	2.00	X						0	0	0
(36) KHALDOON KHALIFA AL MUBARAK TRUSTEE	2.00	X						0	0	0
(37) LARRY SILVERSTEIN TRUSTEE	2.00	X						0	0	0
(38) LISA SILVERSTEIN TRUSTEE	2.00	X						0	0	0
(39) LISA YOO HAHN TRUSTEE	2.00	X						0	0	0
(40) LUIZ FRAGA TRUSTEE	2.00	X						0	0	0
(41) LUN FENG TRUSTEE	2.00	X						0	0	0
(42) MARC H BELL TRUSTEE	2.00	X						0	0	0
(43) MARIA BARTIROMO TRUSTEE	2.00	X						0	0	0
(44) MARTIN LIPTON TRUSTEE	2.00 0.20	X						0	0	0
(45) Quemuel Arroyo TRUSTEE	2.00	X						0	0	0
(46) RIMA AL MOKARRAB TRUSTEE	2.00	X						0	0	0
(47) RONALD D ABRAMSON TRUSTEE	2.00	X						0	0	0
(48) SCOTT H RECHLER TRUSTEE	2.00	X						0	0	0
(49) SHARON CHANG TRUSTEE	2.00	X						0	0	0
(50) STEVEN M COHEN TRUSTEE	2.00	X						0	0	0
(51) STUYVIE COMFORT trustee	3.00 0.20	X						0	0	0
(52) TERRI BURNS TRUSTEE (End Date: 06/04/2025)	2.00	X						0	0	0
(53) TRACI LERNER TRUSTEE	3.00	X						0	0	0
(54) AISHA OLIVER-STALEY GEN. COUNSEL & SECRETARY (END DATE: 01/02/2025)	50.00 2.20			X				895,194	0	55,258
(55) GEORGINA DOPICO PROVOST	50.00 0.50			X				1,059,300	0	46,168
(56) MARTIN DORPH EXECUTIVE VICE PRESIDENT	50.00 2.20			X				1,046,069	0	635,924
(57) MATHEW VARUGHESE Assoc. VP, Deputy GEN. COUNSEL and Assoc. Secretary	50.00 0.20			X				680,863	0	67,434
(58) ROBERT GROSSMAN Dean & CEO - NYU Langone Health	30.00 30.00			X				12,472,026	12,472,026	5,342,516
(59) SUSAN SAWYER Assistant Secretary (END DATE: 04/08/2025)	50.00			X				259,620	0	37,563
(60) TAYLOR JANTZ Sr. Vice President and CFO (Start date: 02/03/2025)	50.00			X				0	0	0
(61) THOMAS KOZAK ASSOCIATE SECRETARY (END DATE: 02/13/2025)	50.00			X				516,533	0	67,434
(62) JANINE WILCOX VICE PRESIDENT, TREASURER	50.00 2.00				X			574,392	0	45,731
(63) LINDA CHIARELLI SVP OF CAP PROJECTS & FACILITIES	50.00				X			925,345	0	46,156
(64) MICHELLE KNUDSEN CHIEF INVESTMENT OFFICER (Start Date: 06/24/2024)	50.00				X			523,950	0	73
(65) ANDREW BROTMAN MD EVP/VICE DEAN/CHIEF CLINICAL OFFICER	30.00 30.00					X		4,569,403	4,569,403	1,820,576
(66) Eduardo Rodriguez MD DDS Chair, Plastic Surgery	35.40 24.60					X		5,096,982	3,541,971	63,031
(67) John G Golfinos MD Chair, Dept of Neurosurgery	51.60 8.40					X		7,173,408	1,167,764	78,864
(68) Joseph J Lhota EVP/VICE DEAN, CFO & CHIEF OF STAFF	30.00 30.00					X		6,629,277	6,629,277	782,544
(69) Ralph S Mosca Chair, Cardiothoracic Surgery	60.00 0.00					X		8,287,210	0	61,589
(70) ANDREW HAMILTON FORMER PRESIDENT & TRUSTEE	70.00 10.20						X	2,181,834	0	55,258
(71) PIETRINA SCARAGLINO FORMER ASSOCIATE SECRETARY	30.00 30.00						X	295,944	295,944	58,856
(72) STEPHANIE PIANKA FORMER CFO (End date: 04/12/2024)	50.00 2.20						X	409,081	0	38,389
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								55,798,333	28,774,043	10,178,839

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

			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	153,485,783
COMPASS GROUP USA INC NORTH AMERICA 2400 YORKMONT ROAD CHARLOTTE, NC 28217	HOSPITALITY MANAGEMENT	53,417,462
GILBANE BUILDING COMPANY 123 North Wacker Drive 26th Floor CHICAGO, IL 60606	CONSTRUCTION MANAGEMENT	37,722,101
OMEGA HEALTHCARE 2424 North Federal Highway boca raton, FL 33431	consulting	30,048,886
BROSNA CONSTRUCTION CORP 624 Route 303 Blauvelt, NY 10913	CONSTRUCTION MANAGEMENT	26,400,134

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 1,759

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				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c	6,591,000		
d Related organizations	1d	4,464,152		
e Government grants (contributions)	1e	1,151,566,959		
f All other contributions, gifts, grants, and similar amounts not included above	1f	590,401,000		
g Noncash contributions included in lines 1a - 1f:$	1g	60,646,000		
h **Total.** Add lines 1a-1f				1,753,023,111

Program Service Revenue

	Business Code				
2a PATIENT CARE	623990	4,758,906,000	4,758,906,000		
b TUITION & FEES	611600	3,597,701,000	3,597,701,000		
c OTHER PROGRAM SERVICES	611600	834,528,149	834,528,149		
d HOUSING AND DINING	721310	400,236,835	400,236,835		
e					
f All other program service revenue.		0	0	0	0
g **Total.** Add lines 2a–2f.	9,591,371,984				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			140,414,353		9,004,226	131,410,127
4 Income from investment of tax-exempt bond proceeds			3,418,000			3,418,000
5 Royalties			4,767,000			4,767,000
		(i) Real	(ii) Personal			
6a Gross rents	6a	109,664,989				
b Less: rental expenses	6b	61,509,000				
c Rental income or (loss)	6c	48,155,989	0			
d Net rental income or (loss)				48,155,989			47,425,032
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	2,727,058,701				
b Less: cost or other basis and sales expenses	7b	2,388,410,220				
c Gain or (loss)	7c	338,648,481	0			
d Net gain or (loss)				338,648,481			338,648,481
8a Gross income from fundraising events (not including $ 6,591,000 of contributions reported on line 1c). See Part IV, line 18	8a	459,000				
b Less: direct expenses	8b	420,000				
c Net income or (loss) from fundraising events . .				39,000			39,000
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	5,317,000				
b Less: cost of goods sold . .	10b	1,887,000				
c Net income or (loss) from sales of inventory . .				3,430,000			3,430,000
		Business Code				
11a change in post retirement		525100	67,214,339			67,214,339
b OTHER AUX. ENTERPRISES		900099	9,046,117		1,607,006	7,439,111
OtherRevenueMiscAmt c						
d All other revenue			434,724,619	0	525,450	434,199,169
e **Total.** Add lines 11a–11d			510,985,075			
12 **Total revenue.** See instructions			12,394,252,993	9,591,371,984	11,867,639	1,037,990,259

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	6,331,713	6,331,713		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	744,946,451	744,946,451		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	306,468,000	306,468,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	23,696,994	2,653,000	20,753,994	290,000
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	5,865,524,593	5,227,551,981	594,221,278	43,751,334
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	293,316,724	261,127,787	30,034,462	2,154,475
9 Other employee benefits	762,234,384	688,772,472	67,534,834	5,927,078
10 Payroll taxes	298,862,940	265,718,793	30,956,711	2,187,436
11 Fees for services (non-employees):				
a Management	980,703		980,703	
b Legal	25,481,000		25,481,000	
c Accounting	2,527,495		2,527,495	
d Lobbying	1,168,896		1,168,896	
e Professional fundraising services. See Part IV, line 17	1,321,000			1,321,000
f Investment management fees	10,461,177		10,461,177	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	551,140,729	450,291,799	97,924,930	2,924,000
12 Advertising and promotion	23,520,000	21,955,000	1,552,000	13,000
13 Office expenses	160,073,465	95,026,898	64,774,806	271,761
14 Information technology	81,863,012	39,897,493	40,589,337	1,376,182
15 Royalties	1,292,000	1,292,000		
16 Occupancy	460,218,347	451,888,414	8,318,933	11,000
17 Travel	150,809,274	135,742,274	13,969,000	1,098,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,214,562	13,919,562	3,157,000	138,000
20 Interest	272,142,073	240,043,000	32,099,073	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	636,175,509	497,184,509	138,991,000	
23 Insurance	52,292,722	8,619,000	43,659,722	14,000
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	308,749,000	307,221,000	1,524,000	4,000
b REPAIR & MAINTENANCE	207,082,000	204,793,000	2,278,000	11,000
c Lab Related Supplies	181,440,000	178,449,000	2,991,000	
d Pension and Post retirement non service costs	10,240,000		10,240,000	
e All other expenses	388,222,715	129,800,176	256,817,095	1,605,444
25 **Total functional expenses.** Add lines 1 through 24e	11,845,797,478	10,279,693,322	1,503,006,446	63,097,710
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		1,349,543,948	2	1,814,830,232
	3	Pledges and grants receivable, net		524,085,000	3	568,674,000
	4	Accounts receivable, net		456,978,165	4	447,181,935
	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		0	5	971,185
	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)		0	6	0
	7	Notes and loans receivable, net		91,489,606	7	47,471,796
	8	Inventories for sale or use		2,367,000	8	3,193,000
	9	Prepaid expenses and deferred charges		152,839,737	9	181,975,649
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,750,925,616			
	b	Less: accumulated depreciation	10b 6,837,746,464	9,526,543,946	10c	10,913,179,152
	11	Investments—publicly traded securities		2,198,457,266	11	2,293,356,119
	12	Investments—other securities. See Part IV, line 11		4,504,435,785	12	4,901,393,000
	13	Investments—program-related. See Part IV, line 11		0	13	42,663,000
	14	Intangible assets		10,827,000	14	19,798,000
	15	Other assets. See Part IV, line 11		2,301,348,126	15	2,354,946,314
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		21,118,915,579	16	23,589,633,382
Liabilities	17	Accounts payable and accrued expenses		1,353,404,297	17	1,414,478,858
	18	Grants payable			18	
	19	Deferred revenue		1,287,631,000	19	1,345,863,000
	20	Tax-exempt bond liabilities		2,884,584,000	20	4,556,413,000
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,687,560,000	23	1,855,645,000
	24	Unsecured notes and loans payable to unrelated third parties		1,890,922,000	24	1,637,009,000
	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		3,292,453,741	25	3,319,631,121
	26	**Total liabilities.** Add lines 17 through 25		12,396,555,038	26	14,129,039,979
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		3,688,214,567	27	3,986,940,451
	28	Net assets with donor restrictions		5,034,145,974	28	5,473,652,952
		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		8,722,360,541	32	9,460,593,403
	33	Total liabilities and net assets/fund balances		21,118,915,579	33	23,589,633,382

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	12,394,252,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,845,797,478
3	Revenue less expenses. Subtract line 2 from line 1	3	548,455,515
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,722,360,541
5	Net unrealized gains (losses) on investments	5	293,695,720
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	-103,918,373
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	9,460,593,403

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: 24020961
Software Version: 2024v5.1

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

2024

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,501,723,992	1,449,624,309	1,597,752,540	1,722,373,043	1,753,023,111	8,024,496,995
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	1,501,723,992	1,449,624,309	1,597,752,540	1,722,373,043	1,753,023,111	8,024,496,995
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) . .						0
6 **Public support.** Subtract line 5 from line 4.						8,024,496,995

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	1,501,723,992	1,449,624,309	1,597,752,540	1,722,373,043	1,753,023,111	8,024,496,995
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	123,784,899	183,416,576	229,190,464	228,547,639	249,260,116	1,014,199,694
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	2,979,806	2,492,665	15,312,831	0	5,042,728	25,828,030
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	236,327,591	426,527,202	353,828,987	583,595,883	439,975,169	2,040,254,832
11 **Total support.** Add lines 7 through 10						11,104,779,551

12	Gross receipts from related activities, etc. (see instructions)	12	41,128,031,042

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 2024 (line 6, column (f) divided by line 11, column (f))	14	72.262 %
15	Public support percentage for 2023 Schedule A, Part II, line 14	15	74.13 %

16a **33 1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - , COLUMN A - XXX-XX-XXXX.0, COLUMN B - XXX-XX-XXXX.0, COLUMN C - XXX-XX-XXXX.0, COLUMN D - XXX-XX-XXXX.0, COLUMN E - XXX-XX-XXXX.0, COLUMN F - 2040254832.0;

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

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

2024

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
New York University	13-5562308

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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		45,423
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,116,326
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		7,147
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,168,896
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
Schedule C, Part II-B, Line 1 LOBBYING ACTIVITIES:	NYU UTILIZES VOLUNTEERS AS PART OF NYU IN ALBANY DAY AND NYU IN WASHINGTON DAY. APPROXIMATELY 10 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 EIGHT 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

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Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE D
(Form 990)

(Rev. January 2025)
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

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	0.3
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 July 25, 2006, 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	6,649,255,005	5,822,924,734	5,232,956,389	5,718,111,583	4,576,066,176
b Contributions . . .	228,474,000	245,122,411	372,918,885	234,956,202	181,784,275
c Net investment earnings, gains, and losses	728,689,536	891,679,210	470,682,209	-494,754,863	1,188,541,998
d Grants or scholarships . . .	86,920,000	81,483,396	81,483,396	64,474,704	59,345,581
e Other expenditures for facilities and programs . . .	367,264,132	210,344,314	158,106,065	144,272,214	156,365,870
f Administrative expenses	9,647,624	18,643,640	14,043,288	16,609,615	12,569,415
g End of year balance	7,142,586,785	6,649,255,005	5,822,924,734	5,232,956,389	5,718,111,583

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

- **a** Board designated or quasi-endowment ▶ 34 %
- **b** Permanent endowment ▶ 66 %
- **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		15,221,704,768	5,652,658,514	9,569,046,254
c Leasehold improvements				
d Equipment		1,804,933,848	1,185,087,950	619,845,898
e Other		553,253,000		553,253,000
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				10,913,179,152

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) Closely-held equity interests		
(B) Financial derivatives		
(C) PUBLIC EQUITY SECURITIES	2,062,502,000	F
(D) PRIVATE EQUITY SECURITIES	1,215,435,000	F
(E) FIXED INCOME SECURITIES	32,695,000	F
(F) REAL ESTATE	470,525,000	F
(G) CASH & OTHER	7,083,000	F
(H) Absolute Return & Opportunistic	1,113,153,000	F
(I) NATURAL RESOURCES		
(J) credit		
(K) hedge funds		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	4,901,393,000	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(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)OPERATING LEASE RIGHT OF USE ASSET	1,497,499,000
(2)DEFERRED COMPENSATION PLAN ASSETS HELD FOR OTHERS	729,332,000
(3)OTHER MISCELLANEOUS ASSETS	47,627,314
(4)SPLIT INTEREST AGREEMENTS	44,746,000
(5)NET BENEFIT ASSET	35,742,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,354,946,314

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	
Federal Income Taxes	
OPERATING LEASE LIABILITY	1,644,779,000
FUNDS HELD FOR OTHERS	744,805,000
ACCRUED POST RETIREMENT OBLIGATION	670,311,166
ASSET RETIREMENT OBLIGATION	259,734,000
Due to/from affiliates	1,955
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,319,631,121

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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	0

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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	0

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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
Schedule D, Part III, Line 1a COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE	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.
Schedule D, Part III, Line 4 Collections of art - description of collections	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 SHEETS. COSTS ASSOCIATED WITH ACQUISITION AND MAINTENANCE OF THESE COLLECTIONS ARE RECORDED AS EXPENSES IN THE PERIOD IN WHICH THEY ARE INCURRED.
Schedule D, Part V, Line 4 Intended uses of endowment funds	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: 24020961
Software Version: 2024v5.1

SCHEDULE E
(Form 990)
(Rev. January 2025)

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 instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage 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 in 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 in 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 RACIALLY NONDISCRIMINATORY POLICY	ALL ADVERTISEMENTS AND MARKETING MATERIALS, INCLUDING ADVERTISEMENTS IN NEWSPAPERS, CONTAIN THE NYU NONDISCRIMINATION POLICY STATEMENT. ADDITIONALLY, THE UNIVERSITY'S WEB-SITE (WWW.NYU.EDU) PROMINENTLY FEATURES INSTITUTIONAL POLICIES ON NONDISCRIMINATION AND EQUAL OPPORTUNITY. In fiscal year 2025, the student NDAH policy was updated to include the Title VI Coordinator as an administrator for reporting discrimination and to explicitly state that complainants will receive written notice of the outcome in NDAH cases.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	NEW YORK UNIVERSITY RECEIVES FEDERAL, STATE AND LOCAL GOVERNMENTAL FUNDING THAT SUPPORTS ITS CORE PROGRAMMATIC ACTIVITIES INCLUDING INSTRUCTIONAL AND RESEARCH PROGRAMS.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE F (Form 990) (Rev. January 2025)

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

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)	Antarctica	0	2	Education/Research	Instruction	413,105
(2)	Central America and the Caribbean	0	26	Education/Research	Instruction	7,597,197
(3)	East Asia and the Pacific	2	11	Education/Research	Instruction	96,293,421
(4)	Europe (Including Iceland and Greenland)	8	305	Education/Research	Instruction	130,999,027
(5)	Middle East and North Africa	2	566	Education/Research	Instruction	369,290,177
(6)	South America	1	18	Education/Research	Instruction	18,884,852
(7)	Sub-Saharan Africa	1	22	Education/Research	Instruction	23,869,042
(8)	South Asia	0	1	Education/Research	Instruction	58,721,321
(9)	North America (Canada & Mexico only)	0	10	Education/Research	Instruction	12,561,963
(10)	Russia and Neighboring States	0	2	Education/Research	Instruction	20,129,187
(11)	Central America and the Caribbean	0	0	Investments		983,588,940
(12)	North America (Canada & Mexico only)	0	0	Investments		7,532,274
(13)	Europe (Including Iceland and Greenland)	0	0	Investments		179,699,524
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	14	963			1,909,580,030
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	14	963			1,909,580,030

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	203	7,103,529	CREDIT TO BURSAR ACCOUNTS			
(2)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	East Asia and the Pacific	3,641	75,302,017	CREDIT TO BURSAR ACCOUNTS			
(3)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	Europe (Including Iceland and Greenland)	860	29,134,077	CREDIT TO BURSAR ACCOUNTS			
(4)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	Middle East and North Africa	1,012	67,967,112	CREDIT TO BURSAR ACCOUNTS			
(5)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	North America (Canada & Mexico only)	440	12,272,396	CREDIT TO BURSAR ACCOUNTS			
(6)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	Russia and Neighboring States	355	20,129,187	CREDIT TO BURSAR ACCOUNTS			
(7)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	South America	454	15,318,070	CREDIT TO BURSAR ACCOUNTS			
(8)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	South Asia	2,322	58,538,444	CREDIT TO BURSAR ACCOUNTS			
(9)	SCHOLARSHIPS, FELLOWSHIPS, GRANTS	Sub-Saharan Africa	370	20,703,168	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
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	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.
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	ANTARCTICA-Accrual; CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; RUSSIA AND NEIGHBORING STATES-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB-SAHARAN AFRICA-Accrual
Schedule F, Part III Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN -Accrual EAST ASIA AND THE PACIFIC -Accrual EUROPE (INCLUDING ICELAND AND GREENLAND) -Accrual MIDDLE EAST AND NORTH AFRICA -Accrual NORTH AMERICA (CANADA & MEXICO ONLY) -Accrual RUSSIA AND NEIGHBORING STATES -Accrual SOUTH AMERICA -Accrual SOUTH ASIA -Accrual SUB-SAHARAN AFRICA -Accrual

Additional Data

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE G (Form 990) (Rev. January 2025)

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

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	Community Counseling Service Co 527 Madison Avenue 5th Floor New York, NY 10022	Consulting		No	12,798,115	103,180	12,694,935
2	Ruffalo Noel Levitz 65 Kirkwood N Rd Cedar Rapids, IA 52406	Phonathon		No	1,920,913	1,162,619	758,294
3	john brown limited 155 W 68th Street 34f NEW YORK, NY 10023	Fundraising		No	0	55,000	-55,000
4							
5							
6							
7							
8							
9							
10							
Total ▶					14,719,028	1,320,799	13,398,229

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.

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

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 STERN SPEAKER SERIES (event type)	(c) Other events 20 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	5,748,000	420,000	882,000	7,050,000
	2 Less: Contributions	5,612,000	340,000	639,000	6,591,000
	3 Gross income (line 1 minus line 2)	136,000	80,000	243,000	459,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	303,000	37,800	79,200	420,000
	10 Direct expense summary. Add lines 4 through 9 in column (d)				420,000
	11 Net income summary. Subtract line 10 from line 3, column (d)				39,000

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
Schedule G, Part I, Line 2b(vi)	John Brown Limited provides professional fundraising services in connection with the development of a strategic fundraising plan. No gross receipts have been allocated in part i, line 2b, column (iv). As a result, part i, line 2b, column (vi) shows a negative amount.

Additional Data Return to Form

Software ID: 24020961
Software Version: 2024v5.1

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

Schedule I (Form 990)

(Rev. January 2025)

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 instructions and the latest information.**

OMB No. 1545-0047

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) BOWERY RESIDENTS COMMITTEE (BRC) INC 131 West 25th Street New York,NY 10001	13-2736659	501(C)(3)	17,500				Support
(2) Bric Arts Media Brooklyn Inc 647 Fulton St Brooklyn,NY 11217	11-2547268	501(C)(3)	15,000				Support
(3) Brooklyn Book Festival 249 Smith Street Brooklyn,NY 11231	46-5328190	501(C)(3)	8,500				Support
(4) Brooklyn Bureau of Community Service (dba brooklyn Community Service) 151 LAWRENCE STREET Brooklyn,NY 11201	11-1630780	501(C)(3)	6,500				Support
(5) Brooklyn Public LibraryCenter for Brooklyn History 10GRANDARMYPLAZA Brooklyn,NY 11238	11-1904261	501(C)(3)	10,000				Support
(6) CaraSystems Inc 343 gold street brooklyn,NY 11201	93-3867884		50,000				Support
(7) Caro Rhythm 628 e 11th street new york,NY 10009	33-1989629		50,000				Support
(8) City Futures Inc (dba Center for an Urban Future) 80 eight avenue New York,NY 10011	13-3561657	501(C)(3)	7,500				Support
(9) Clique Labs Inc 14 Jason Drive East Brunswick,NJ 08816	39-2457501		15,000				Support
(10) Downtown Brooklyn Partnership 1 METROTECH CENTER NORTH 1003 BROOKLYN,NY 11201	20-5323707	501(C)(3)	10,000				Support
(11) DUMBO District Management 20 JAY STREET BROOKLYN,NY 11201	20-0214837	501(C)(3)	7,500				Support
(12) GetPupil Inc 5037 Madison St Gary,IN 46408	88-3506858		15,000				Support
(13) Greenwich House Inc 27 Barrow Street New York,NY 10014	13-5562204	501(C)(3)	21,800				Support
(14) Heliotrope Photonics Inc 1027 47th road long island city,NY 11101	93-2542721		50,000				Support
(15) IndieApp Inc 3 NEW YORK AVE JERSEY CITY,NJ 07307	39-3352759		10,000				Support
(16) Issue Project Room Inc 140 SECOND AVENUE New York,NY 10003	20-0367608	501(C)(3)	6,500				Support
(17) Loopini Inc 208 DELANCEY Street new york,NY 10002	99-3158619		10,000				Support
(18) Mentivista Inc 447 broadway new york,NY 10013	99-5021124		15,000				Support
(19) myFace 333EAST30THSTREET New York,NY 10016	13-6013760	501(C)(3)	10,000				Support
(20) Novel AI Technologies Inc 402 bayridge parkway APT 48 brooklyn,NY 11209	86-2303887		50,000				Support
(21) Omios Biologics 1065 57th street oakland,CA 94608	84-3672272		50,000				Support
(22) Prospect Park Alliance Inc 95 Prospect Park West Brooklyn,NY 11215	11-2843763	501(C)(3)	10,000				Support
(23) Publicolor Inc 20 WEST 36TH STREET New York,NY 10018	13-3912768	501(C)(3)	10,000				Support
(24) Sheltrium 319 w 22nd street new york,NY 10011	39-2952103		15,000				Support
(25) Sonority Labs 4 washington square village new york,NY 10012	87-3602591		40,000				Support
(26) StewardGuard Inc 7711 249th street bellerose,NY 11426	39-3884700		15,000				Support
(27) The Brooklyn Institute of Arts and Sciences 200 Eastern Parkway Brooklyn,NY 11238	11-1672743	501(C)(3)	15,000				Support
(28) The Context Data Inc 110 east 25th new york,NY 10023	99-1280540		15,000				Support
(29) The Education Alliance Inc 197 EAST BROADWAY NEW YORK,NY 10002	13-5562210	501(C)(3)	7,000				Support
(30) The Village Committee for the Jefferson Market Area Inc 511 SIXTH AVENUE NEW YORK,NY 10011	88-3622439	501(c)(3)	10,000				Support
(31) The Village Trip Inc 2 grove street New York,NY 10014	92-3431379	501(C)(3)	6,500				Support
(32) Twinning AI Inc 219 east 17th street brooklyn,NY 11226	39-3061707		15,000				Support
(33) Union Square Partnership Inc 200PARKAVENUESOUTH New York,NY 10003	13-3004730	501(C)(3)	65,000				Support
(34) United Way of New York City 2 Park Avenue New York,NY 10016	13-2617681	501(C)(3)	19,985				Support
(35) University Settlement Society of New York 184 Eldridge Street New York,NY 10002	13-5562374	501(C)(3)	12,500				Support
(36) NATIONAL CENTER OF PHILANTHROPY AND THE LAW 110 WEST 3RD STREET - DAGOSTINO HA New York,NY 10002	13-3954405	501(C)(3)	320,000				Support
(37) Village Alliance 8EAST8THSTREET New York,NY 10003	13-3743340	501(C)(3)	35,000				Support
(38) Visiting Neighbors Inc 3WashingtonSquareVillage New York,NY 10012	23-7379098	501(C)(3)	7,000				Support
(39) Vitalis Regenerative Materials Inc 214 w 96th st new york,NY 10025	33-1734889		15,000				Support
(40) Washington Square Park Conservancy Inc PO BOX 1624 COOPER STATION New York,NY 10276	46-1406128	501(C)(3)	646,531				Support
(41) XiMiO Health Inc 12 stuyvesant oval NEW YORK,NY 10009	47-5236550		50,000				Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 17

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	24361	744,392,246		FMV	
(2) Courtesy Meals	4003		277,069	FMV	Food Accessibilty Assistance
(3) Transportation	6290		199,990	FMV	Transportation Assistance
(4) Student Meals	919		64,677	FMV	Workspace Support
(5) Studio Space	9		12,000	FMV	Food Assistance
(6) TextBooks	7		469	FMV	Educational Supplies
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS IN THE UNITED STATES REPRESENT STUDENT FINANCIAL AID. STUDENTS RECEIVING FINANCIAL AID ARE DETERMINED TO BE WORTHY BY THE UNIVERSITY'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS. THE OFFICE OF FINANCIAL AID AND THE FINANCE OFFICE FOR EACH COLLEGE CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule J (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 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 ANDREW HAMILTON FORMER PRESIDENT & TRUSTEE	(i)	2,181,834	0	0	34,500	20,758	2,237,092	0
	(ii)	0	0	0	0	0	0	0
2 STEPHANIE PIANKA FORMER CFO (End date: 04/12/2024)	(i)	409,081	0	0	34,500	3,889	447,470	0
	(ii)	0	0	0	0	0	0	0
3 LINDA MILLS PRESIDENT & TRUSTEE	(i)	1,902,744	200,000	0	626,167	226,078	2,954,989	0
	(ii)	0	0	0	0	0	0	0
4 DANIEL J WIDAWSKY Former EVP/VICE DEAN/CFO & TRUSTEE	(i)	97,222	0	436	9,758	1,857	109,273	0
	(ii)	97,222	0	436	9,758	1,857	109,273	0
5 PIETRINA SCARAGLINO FORMER ASSOCIATE SECRETARY	(i)	243,348	50,000	2,596	17,250	12,178	325,372	0
	(ii)	243,348	50,000	2,596	17,250	12,178	325,372	0
6 ROBERT GROSSMAN Dean & CEO - NYU Langone Health	(i)	2,577,238	9,839,894	54,894	2,652,066	19,192	15,143,284	2,707,358
	(ii)	2,577,238	9,839,894	54,894	2,652,066	19,192	15,143,284	2,707,358
7 MARTIN DORPH EXECUTIVE VICE PRESIDENT	(i)	1,046,069	0	0	602,990	32,934	1,681,993	0
	(ii)	0	0	0	0	0	0	0
8 GEORGINA DOPICO PROVOST	(i)	1,046,190	0	13,110	34,500	11,668	1,105,468	0
	(ii)	0	0	0	0	0	0	0
9 AISHA OLIVER-STALEY GEN. COUNSEL & SECRETARY (END DATE: 01/02/2025)	(i)	895,194	0	0	34,500	20,758	950,452	0
	(ii)	0	0	0	0	0	0	0
10 MATHEW VARUGHESE Assoc. VP, Deputy GEN. COUNSEL and Assoc. Secretary	(i)	680,863	0	0	34,500	32,934	748,297	0
	(ii)	0	0	0	0	0	0	0
11 THOMAS KOZAK ASSOCIATE SECRETARY (END DATE: 02/13/2025)	(i)	514,033	2,500	0	34,500	32,934	583,967	0
	(ii)	0	0	0	0	0	0	0
12 SUSAN SAWYER Assistant Secretary (END DATE: 04/08/2025)	(i)	257,620	2,000	0	26,292	11,271	297,183	0
	(ii)	0	0	0	0	0	0	0
13 LINDA CHIARELLI SVP OF CAP PROJECTS & FACILITIES	(i)	785,766	139,579	0	34,500	11,656	971,501	0
	(ii)	0	0	0	0	0	0	0
14 JANINE WILCOX VICE PRESIDENT, TREASURER	(i)	477,877	96,515	0	34,500	11,231	620,123	0
	(ii)	0	0	0	0	0	0	0
15 MICHELLE KNUDSEN CHIEF INVESTMENT OFFICER (Start Date: 06/24/2024)	(i)	523,950	0	0	0	73	524,023	0
	(ii)	0	0	0	0	0	0	0
16 Joseph J Lhota EVP/VICE DEAN, CFO & CHIEF OF STAFF	(i)	1,452,400	5,158,084	18,793	372,762	18,510	7,020,549	539,045
	(ii)	1,452,400	5,158,084	18,793	372,762	18,510	7,020,549	539,045
17 ANDREW BROTMAN MD EVP/VICE DEAN/CHIEF CLINICAL OFFICER	(i)	1,058,000	3,500,000	11,403	907,108	3,180	5,479,691	935,356
	(ii)	1,058,000	3,500,000	11,403	907,108	3,180	5,479,691	935,356
18 Eduardo Rodriguez MD DDS Chair, Plastic Surgery	(i)	2,288,444	2,802,500	6,038	20,355	16,833	5,134,170	0
	(ii)	1,590,275	1,947,500	4,196	14,145	11,698	3,567,814	0
19 John G Golfinos MD Chair, Dept of Neurosurgery	(i)	2,862,667	4,300,000	10,741	29,670	38,153	7,241,231	0
	(ii)	466,015	700,000	1,749	4,830	6,211	1,178,805	0
20 Ralph S Mosca Chair, Cardiothoracic Surgery	(i)	3,530,073	4,750,000	7,137	34,500	27,089	8,348,799	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
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	One officer received university housing without charge, and the housing qualified for exclusion from tax under IRC 119.
Schedule J, Part I, Line 1a Personal services	ONE OFFICER AND ONE OF THE FIVE HIGHEST COMPENSATED EMPLOYEES HAD A CAR AND DRIVER AVAILABLE FOR USE. THEY PAY TAXES ON THE IMPUTED VALUE OF THE PERSONAL USE OF THE VEHICLE AND DRIVER.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	PRESIDENT MILLS SHALL RECEIVE UPON VESTING A PAYMENT OF ONE HUNDRED THOUSAND DOLLARS IN NON-QUALIFIED DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS PRESIDENT. EACH INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN PRESIDENT MILLS AND THE UNIVERSITY. ON 12/31/2024, THE BOARD OF TRUSTEES APPROVED A $475,000 DEFERRED COMPENSATION CREDIT FOR PRESIDENT MILLS that was deemed reasonable by the compensation committee of the board of trustees. 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, 2025. EACH ANNUAL INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN MR. DORPH AND THE UNIVERSITY. ROBERT GROSSMAN, DEAN & CEO OF NYU LANGONE HEALTH PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ("SERP") DURING CALENDAR YEAR 2024. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS $5,269,631 FOR CALENDAR YEAR 2024. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYULH AND NYU GROSSMAN SCHOOL OF MEDICINE ("GSOM"). THE SERP CONTRIBUTION WAS MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN. TWO HIGHEST PAID INDIVIDUALS PARTICIPATED IN SUPPLEMENTAL NON-QUALIFIED PLANS (SERP) DURING THE CALENDAR YEAR 2024. THE AMOUNTS LISTED BELOW REPRESENT THE EMPLOYER CONTRIBUTIONS TO THESE PLANS FOR THE CALENDAR YEAR 2024. ANDREW W. BROTMAN, MD - $1,779,716; JOSEPH J. LHOTA, MD - $711,024. THESE AMOUNTS ARE REPORTED AS SHARED COSTS BETWEEN NYU LANGONE NYU GROSSMAN SCHOOL OF MEDICINE ("GSOM"). THE SERPS WERE MADE PURSUANT TO NEGOTIATED AGREEMENTS WITH THE EMPLOYEES.
Schedule J, Part I, Line 7 Non-fixed payments	One OFFICER and Five Highest Paid Individuals received non-fixed bonus compensation as determined by the Compensation Committee of the board of trustees. THESE PAYMENTS ARE MADE UNDER THEIR SPECIFIC COMPENSATION ARRANGEMENTS AND ARE DEEMED TO BE REASONABLE BY THE COMPENSATION COMMITTEE OF the BOARD OF TRUSTEES.
Schedule J, Part II	Daniel J. Widawsky, Trustee, received compensation from NYU Langone Health for his prior services as Executive Vice President / Vice Dean and Chief Financial Officer. The compensation reported is with respect to Mr. Widawsky's role at NYU Langone Health during calendar year 2024 and is unrelated to his role as a Trustee of the organization.
Schedule J, Part II, Column (F) SOM	THE FOLLOWING INDIVIDUALS' OTHER REPORTABLE COMPENSATION (COL. (B) (II)) INCLUDES A TAXABLE SERP DURING CALENDAR YEAR 2024. THIS AMOUNT INCLUDES SERP CONTRIBUTIONS REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYU LANGONE AND NYU GROSSMAN SCHOOL OF MEDICINE ("GSOM"). DR. ROBERT GROSSMAN - $5,414,716; ANDREW W. BROTMAN, MD - $1,870,712; AND JOSEPH J. LHOTA, MD - $1,078,090.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

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

Schedule K (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	10-28-2014	55,000,000	See Part VI		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990BFM0	04-22-2015	785,388,019	See Part VI		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990CEC1	06-14-2016	687,667,333	SEE PART VI		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990CC90	06-01-2017	522,276,122	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	21,275,000	619,330,000	115,335,000	96,670,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	55,000,000	785,388,019	631,960,094	522,276,122
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
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	631,946,120	153,816,630
11	Other spent proceeds	55,000,000	680,327,163	9,037	368,459,492
12	Other unspent proceeds				
13	Year of substantial completion	2014	2015	2016	2017

		2014		2015		2016		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0.01 %
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		0.02 %		0.03 %		0 %		0.01 %
6	Total of lines 4 and 5		0.02 %		0.03 %		0 %		0.02 %
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.		0 %		0 %		0 %		0 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge		0 %		0 %		0 %		0 %
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0 %		0 %		0 %		0 %
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Schedule K, Part I, Column (f) DASNY (CUSIP #000000000)	PRIVATE PLACEMENT, SERIES 2014A TO REFUND THE DASNY INSURED REVENUE BONDS, SERIES 2004A.
Schedule K, Part I, Column (f) DASNY (CUSIP# 649908FM0)	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.
Schedule K, Part I, Column (f) 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.
Schedule K, Part I, Column (f) DASNY (CUSIP# 64990CC90)	TO (I) FINANCE OR REFINANCE THE COST OF THE SERIES 2017 PROJECT AND (II) TO REFUND A PORTION OF THE DASNY REVENUE BONDS SERIES 2009A, 2009B, AND NYC IDA CIVIC FACILITY REFUNDING REVENUE BONDS (2007 POLYTECHNIC UNIVERSITY PROJECT).
Schedule K, Part I, Column (f) DASNY (CUSIP# 64990C7S4)	TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2018 PROJECT.
Schedule K, Part I, Column (f) DASNY (CUSIP # 64990GJT0)	TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2019 PROJECT.
Schedule K, Part I, Column (f) 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.
Schedule K, Part I, Column (f) DASNY (CUSIP# 64985SGG2)	To (i) to refund a portion of the DASNY Series 2015A Bonds and (ii) finance or refinance the cost of acquisition, construction, reconstruction, renovation, repair, furnishing and equipping of the Series 2025 Project, which covers multiple facilities on campus.
Schedule K, Part II, Line 13 ALL BONDS	YEAR OF SUBSTANTIAL COMPLETION REFERS TO THE CALENDAR YEAR.
Schedule K, Part III, Line 6 ALL BONDS	LINE 4 AND LINE 5 ARE ROUNDED TO COMPUTE THE SUBTOTAL IN LINE 6.
Schedule K, Part II, Line 6 ALL BONDS	REFLECTS ORIGINAL REFUNDING BOND PROCEEDS DEPOSITED IN REFUNDING ESCROWS. ESCROW BALANCE MAY BE LOWER AT PRESENT AS BONDS WERE CALLED/DEFEASED.
Schedule K, Part IV, Line 2c CUSIP # 000000000	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 649908FM0	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 64990CEC1	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 64990CC90	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 649908FM0	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 64990GJT0	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 65000BDN5	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part IV, Line 2c CUSIP # 64985SGG2	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2025
Schedule K, Part I, Column (e) ALL BONDS	IF THE TOTAL PROCEEDS OF THE ISSUE EXCEED THE ISSUE PRICE OF THE RESPECTIVE BOND, THE DIFFERENCE IS DUE TO INVESTMENT EARNINGS. EARNINGS ARE INCLUDED IN THE TOTAL PROCEEDS OF EACH ISSUE.
Schedule K, Part I, Column (g) DASNY (CUSIP# 649908FM0)	Previously showed amounts in a defeasance escrow but as of year-end, all such amounts have been expended.
Schedule K, Part II, Line 2 DASNY (CUSIP# 649908FM0)	Previously showed amounts in a defeasance escrow but as of year-end, all such amounts have been expended.
Schedule K, Part I, Column (g) DASNY (CUSIP # 65000BDN5)	Previously showed amounts in a defeasance escrow but as of year-end, all such amounts have been expended.
Schedule K, Part II, Line 2 DASNY (CUSIP # 65000BDN5)	Previously showed amounts in a defeasance escrow but as of year-end, all such amounts have been expended.

Additional Data

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

Schedule K (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990C7S4	05-17-2018	398,392,192	See Part VI		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990GJT0	02-21-2019	705,122,518	See Part VI		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	65000BDN5	07-29-2021	264,925,720	See Part VI		X		X		X
D	DORMITORY AUTHORITY OF THE DTATE OF NEW YORK	14-6000293	64985SGG2	06-06-2025	1,281,268,129	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	52,805,000	54,020,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	401,889,416	721,508,468	273,471,416	1,293,511,057
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				686,320,784
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	401,878,126	721,498,066	223,470,905	72,860,603
11	Other spent proceeds	11,290	10,402	50,000,511	
12	Other unspent proceeds				534,329,670
13	Year of substantial completion	2020	2021	2024	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.01 %		0.01 %		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		0.15 %		0.12 %		0.01 %		0.05 %
6	Total of lines 4 and 5		0.16 %		0.13 %		0.01 %		0.05 %
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.		0 %		0 %		0 %		0 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge		0 %		0 %		0 %		0 %
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0 %		0 %		0 %		0 %
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation

Additional Data

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Schedule L
(Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) MICHELLE KNUDSEN	EMPLOYEE	MORTGAGE		X	1,000,000	971,185		No	Yes		Yes	
Total					**$**	971,185						

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) GRACE KO (SIBLING)	TRUSTEE - DAVID K O	1,574,905	Employee		No
(2) John Saunders (son in law)	Trustee - William R. Berkley	604,496	Employee		No
(3) Elisabeth Cohen (spouse)	Officer - Robert Grossman	526,246	Employee		No
(4) Sarah Druckenmiller - Casacante (daughter)	Trustee - Fiona Druckenmiller	427,438	Employee		No
(5) Ana M Dopico (sibling)	Officer - Georgina Dopico	207,670	Employee		No
(6) Lawrence Chiarelli (spouse)	Key Employee - Linda Chiarelli	183,563	Employee		No
(7) Rachel Bell (daughter)	Trustee - Marc H. Bell	41,099	Employee		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule 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

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Software ID: 24020961
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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.**

OMB No. 1545-0047

2024

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		85	70,000	Market value
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		14,000	Market value
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded		544	57,197,000	Market value
10	Securities—Closely held stock		2	917,000	Market value
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				
18	Collectibles		2	75,000	Market value
19	Food inventory				
20	Drugs and medical supplies		4,708	708,000	Market value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Equipment, Software & Technology)	X	755	1,500,000	Market value
26	Other ▶ (Computer Hardware)	X	8	54,000	Market value
27	Other ▶ (Other Misc.)	X	513	111,000	Market value
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	8	
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, Line 33 Noncash contribution amounts not reported	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.
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - The number reported in Column B represents the number of items contributed. Securities - Publicly traded - The number reported in Column B represents the number of items contributed. Securities - Closely held stock - The number reported in Column B represents the number of items contributed. Collectibles - The number reported in Column B represents the number of items contributed. Drugs and medical supplies - The number reported in Column B represents the number of items contributed. Other - Equipment, Software & Technology The number reported in Column B represents the number of items contributed. Other - Computer Hardware The number reported in Column B represents the number of items contributed. Other - Other Misc. The number reported in Column B represents the number of items contributed.

Additional Data

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Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE O
(Form 990)
(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

Return Reference	Explanation
Form 990, Part III, Line 4a PATIENT CARE (CONTINUED FROM PAGE 2)	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 SCHOOLS 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.
Form 990, Part III, Line 4c RESEARCH AND SCHOLARSHIP (CONTINUED FROM PAGE 2)	IN 2025, FAST COMPANY AND INC. MAGAZINES NAMED NYU AS ONE OF THE WORLD'S TOP UNIVERSITIES FOR ENTREPRENEURSHIP AND INNOVATION, EARNING RECOGNITION AS A TOP 8 IGNITION SCHOOL - "ECONOMIC ENGINES THAT GENERATE THE IDEAS, BUSINESSES, AND OPPORTUNITIES THAT MOVE CITIES, REGIONS, AND COUNTRIES TOWARD A BETTER FUTURE." NYU FACULTY FINDINGS ARE REGULARLY PUBLISHED IN TOP JOURNALS ACROSS A BROAD RANGE OF SCHOLARLY DISCIPLINES. IN 2025, CLARIVATE ANALYTICS' HIGHLY CITED RESEARCHERS LIST NAMED TWENTY-EIGHT 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.
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 981,866,818 including grants of $ 104,106,164)(Revenue $ 1,234,764,984) OTHER PROGRAM SERVICES: STUDENT SERVICES; STUDENT AID; LIBRARY; AND OPERATION AND MAINTENANCE OF PLANT.
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	LARRY SILVERSTEIN - Family relationship, LISA SILVERSTEIN - Family relationship
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	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, Line 7b Decisions requiring approval by members or stockholders	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, Line 11b Review of form 990 by governing body	THE FOLLOWING STEPS WERE TAKEN TO REVIEW THIS IRS FORM 990: 1. THE FORM 990 WAS REVIEWED AND APPROVED BY THE VICE PRESIDENT & UNVERSITY CONTROLLER. 2. THE FORM 990 WAS THEN REVIEWED AND APPROVED BY THE UNIVERSITY'S Chief Financial Officer, University Treasurer, and Senior Vice President for Finance and Budget. 3. An international public accounting firm conducted a high-level, non-signing review of the return. 4. THE FORM 990 WAS THEN PRESENTED TO THE UNIVERSITY'S AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW. 5. THE FORM 990 WAS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES FOR REVIEW. 6. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED THE COMPENSATION SECTIONS OF THE FORM 990. 7. FOLLOWING THE REVIEW PERIOD, THE FORM 990 WAS ELECTRONICALLY FILED WITH THE IRS.
Form 990, Part VI, Line 12c Conflict of interest policy	ANNUALLY, THE OFFICE OF GENERAL COUNSEL DISTRIBUTES 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, Line 15a Process to	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.

Return Reference	Explanation
establish compensation of top management official	
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The proposed compensation of officers, trustees, key employees, disqualified persons, and certain others (excluding 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.
Form 990, Part VI, Line 19 Required documents available to the public	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ON THE NYU WEBSITE (WWW.NYU.EDU).
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	ALL OTHER REVENUE - Total Revenue: XXX-XX-XXXX, Related or Exempt Function Revenue: , Unrelated Business Revenue: 525450, Revenue Excluded from Tax Under Sections 512, 513, or 514: XXX-XX-XXXX;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Elimination of related party reported on separate 990 - -XXX-XX-XXXX; Total - -XXX-XX-XXXX;
Form 990, Part XII, Line 2c Change of oversight process or selection process	THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES HAS RESPONSIBILITY FOR OVERSIGHT OF NYU'S CONSOLIDATED FINANCIAL STATEMENTS AUDIT AND SELECTION OF ITS INDEPENDENT AUDITOR. THERE HAS BEEN NO CHANGE IN PROCESS SINCE PRIOR YEAR.
FORM 990, PART III, LINE 1 Statement of Program Service Accomplishments (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, NYU GROSSMAN SCHOOL OF MEDICINE, COLLEGE OF DENTISTRY, GRADUATE SCHOOL OF ARTS AND SCIENCE, STEINHARDT SCHOOL OF CULTURE, EDUCATION AND HUMAN DEVELOPMENT, LEONARD N. STERN SCHOOL OF BUSINESS, 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, 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, NYU GROSSMAN LONG ISLAND SCHOOL OF MEDICINE, AND THE COURANT INSTITUTE SCHOOL OF MATHEMATICS, COMPUTING, AND DATA SCIENCE. 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. The New York-based activities of NYU Shanghai are reported in the University's consolidated balance sheets and consolidated statements of activities.

Additional Data

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Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE R (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization
New York University

Employer identification number
13-5562308

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)NATIONAL CENTER ON PHILANTHROPY AND THE LAW 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012 13-3954405	STUDY, RESEARCH, EDUCATION ON PHILANTHROPY & THE LAW	NY	501(c)(3)	Type 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)	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)	Type 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)	Type I	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)	Type I	NEW YORK UNIVERSITY	Yes	
(6)NYU IN ABU DHABI CORP C/O NYU - 105 EAST 17TH STREET 4TH FLOOR NEW YORK, NY 10003 26-2652713	SUPPORTS NYU'S CAMPUS IN ABU DHABI	NY	501(c)(3)	Type 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)	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)	Type III-FI	NYU LANGONE HEALTH SYSTEM	Yes	
(10)NYU LANGONE MSO INC 550 FIRST AVENUE NEW YORK, NY 10016 82-4528600	CONTRACT FOR DELIVERY/PROVISION OF HEALTH SERVICES	NY	501(c)(3)	3	NEW YORK UNIVERSITY	Yes	
(11)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	
(12)NYU HONG KONG FOUNDATION LTD	FUNDRAISING ACTIVITIES IN	HK			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	(g) Section 512(b)(13) controlled entity? No
ROOM 804 THE TESBURY CENTRE 28 QU WAN CHAI HONG KONG HK	HONG KONG						
(13) NYU IN LONDON 265 Strand LONDON WC2R1BH UK 98-1074101	SUPPORT NYU'S PROGRAM IN LONDON	UK			NEW YORK UNIVERSITY	Yes	
(14) 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	
(15) NEW YORK UNIVERSITY IN FRANCE 56 RUE DE PASSY PARIS FR 98-1058568	SUPPORTS NYU'S PROGRAM IN FRANCE	FR			NEW YORK UNIVERSITY	Yes	
(16) NYU LANGONE HEALTH SYSTEM 550 FIRST AVENUE MSB 153 NEW YORK, NY 10016 47-2613531	SUPPORTING ORGANIZATION	NY	501(c)(3)	Type II	NEW YORK UNIVERSITY	Yes	
(17) 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	
(18) NYU LANGONE IPA INC 550 FIRST AVENUE NEW YORK, NY 10016 36-4841069	IPA OPERATING A MEDICAID SHARED SAVINGS PROGRAM	NY	501(c)(3)	10	NYU LANGONE HEALTH SYSTEM	Yes	
(19) KJC (REY JUAN CARLOS I DE ESPANA DE LA UNIVERSIDAD DE NUEVA YORK) CALLE SEGRE 8 MADRID SP	SUPPORT NYU'S PROGRAM IN SPAIN	SP			NEW YORK UNIVERSITY	Yes	
(20) LONG ISLAND COMMUNITY HOSPITAL AT NYU LANGONE 101 HOSPITAL ROAD PATCHOGUE, NY 11772 11-1704595	HOSPITAL	NY	501(c)(3)	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)	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) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) NYU LANGONE DIAGNOSTICS LLC 550 FIRST AVENUE NEW YORK, NY 10016 30-1001205	OUTREACH TESTING	NY	NYU LANGONE HEALTH SYSTEM	Related	27,107,101	17,952,431		No			No	

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) Section 512(b)(13) controlled entity? No
(1)CCC 550 INSURANCE SCC 550 FIRST AVENUE NEW YORK, NY 10016	EXCESS PROF. LIAB. INSURANCE		NYU LANGONE HOSPITALS	C Corporation	130,431,000	1,188,910,000			No
(2)LA PIETRA SRL VIA BOLOGNESE 120 FIRENZE 50139 IT	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	IT	NEW YORK UNIVERSITY	C Corporation	2,775,588	21,615,381			No
(3)NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO LTD 1555 CENTURY AVENUE ROOM 1063 PUDONG NEW AREA SHANGHAI CH	SUPPORTS NYU'S PROGRAM IN CHINA	CH	NEW YORK UNIVERSITY	C Corporation	38,239	207,474			No
(4)NYU PLUS PARIS 57BD SAINT GERMAIN PARIS FR	CONTINUING AND EXECUTIVE EDUCATION	FR	NEW YORK UNIVERSITY	C Corporation	3,488,240	878,077			No
(5)SHORE HILL HOUSING ASSOCIATES GP INC 550 FIRST AVENUE HCC 15 NEW YORK, NY 10016 26-2243695	HOUSING	NY	NA	C Corporation					No
(6)CHARITABLE REMAINDER TRUSTS (8) C/O NYU 105 E17TH STREET 2ND FL NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	Trust					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	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
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	1,527,062	FAIR MARKET VALUE
(2) NATIONAL CENTER ON PHILANTHROPY AND THE LAW INC	B	320,000	FAIR MARKET VALUE
(3) La Pietra SRL	K	1,424,683	FAIR MARKET VALUE
(4) La Pietra SRL	M	913,251	FAIR MARKET VALUE
(5) La Pietra SRL	N	292,107	FAIR MARKET VALUE
(6) La Pietra SRL	P	146,637	FAIR MARKET VALUE
(7) La Pietra SRL	B	17,767,767	FAIR MARKET VALUE
(8) NYU LANGONE HEALTH SYSTEM	C	350,000,000	FAIR MARKET VALUE
(9) NYU LANGONE HEALTH SYSTEM	O	527,369,751	FAIR MARKET VALUE
(10) NYU LANGONE HEALTH SYSTEM	P	150,814,262	FAIR MARKET VALUE
(11) NYU LANGONE HEALTH SYSTEM	Q	1,868,445,307	FAIR MARKET VALUE
(12) NYU LANGONE HEALTH SYSTEM	S	4,882,092	FAIR MARKET VALUE
(13) NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION	R	4,258,154	FAIR MARKET VALUE
(14) NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION	S	3,377,208	FAIR MARKET VALUE
(15) Washington Square Legal Services	P	52,559	FAIR MARKET VALUE
(16) NYU IN FRANCE	R	12,005,720	FAIR MARKET VALUE
(17) NYU IN FRANCE	R	12,775,222	FAIR MARKET VALUE
(18) NYU IN LONDON	R	18,287,046	FAIR MARKET VALUE
(19) NYU IN LONDON	S	4,994,299	FAIR MARKET VALUE
(20) NYU IN TEL AVIV	R	2,263,378	FAIR MARKET VALUE
(21) NYU IN TEL AVIV	R	165,959	FAIR MARKET VALUE
(22) NYU Hong Kong Foundation LTD	S	265,356	FAIR MARKET VALUE
(23) SIR HAROLD ACTON CHARITABLE TRUST	C	1,086,949	FAIR MARKET VALUE
(24) KJC (REY JUAN CARLOS I DE ESPANA DE LA UNIVERSIDAD DE NUEVA YORK)	R	260,897	FAIR MARKET VALUE
(25) CHARITABLE REMAINDER TRUSTS	S	2,741,060	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
Schedule R, Part IV IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST	NAME AND ADDRESS OF RELATED ORGANIZATION: NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO., LTD. 1555 CENTURY AVENUE, ROOM 1063, PUDONG NEW AREA SHANGHAI, CHINA 200122

Additional Data

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