

EXTENDED TO JULY 15, 2019

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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)

OMB No 1545-0047

**2017**Open to Public  
Inspection

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning SEP 1, 2017 and ending AUG 31, 2018**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

NEW YORK UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

105 E. 17TH STREET - 2ND FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10003-9580

**F** Name and address of principal officer. MARTIN DORPH

105 E. 17TH ST. 4TH FL., NEW YORK, NY 10003

**D** Employer identification number

13-5562308

**E** Telephone number

(212) 998-2955

**G** Gross receipts \$ 9,305,255,235.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶Tax-exempt status. ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ [WWW.NYU.EDU](http://WWW.NYU.EDU)**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1831**M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities NYU IS A PRIVATE UNIVERSITY WITH APPROXIMATELY 60,000 STUDENTS IN 19 SCHOOLS AND INSTITUTES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	67
	4 Number of independent voting members of the governing body (Part VI, line 1b)	60
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	44532
	6 Total number of volunteers (estimate if necessary)	8027
	7a Total unrelated business revenue from Part VIII, column (C), line 12	1,114,320.
b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,278,965,670. Current Year 1,238,136,656.
	9 Program service revenue (Part VIII, line 2g)	5,010,701,817. 5,458,250,242.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,264,426. 289,099,001.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,638,207. 308,132,516.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,797,570,120. 7,293,618,415.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,621,383,629. 3,831,467,461.
16a Professional fundraising fees (Part IX, column (A), line 11e)		843,049. 919,700.
b Total fundraising expenses (Part IX, column (D), line 25) 42,941,856.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-20e)		2,219,665,681. 2,381,130,742.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,495,626,195. 6,896,230,177.	
19 Revenue less expenses. Subtract line 18 from line 12	301,943,925. 397,388,238.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,445,235,606. End of Year 13,490,632,029.
	21 Total liabilities (Part X, line 26)	7,068,933,067. 7,652,514,502.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,376,302,539. 5,838,117,527.

**Part II Signature Block**

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

Sign Here	Signature of officer		Date	
	MARTIN DORPH, EXECUTIVE VICE PRESIDENT			
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	Firm's name		Check if self-employed <input type="checkbox"/>	PTIN
	Firm's address		Firm's EIN	Phone no.

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

☐ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

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

☒ X

**1** Briefly describe the organization's mission:  
 NYU IS A PRIVATE UNIVERSITY WITH APPROXIMATELY 60,000 MATRICULATING STUDENTS IN 19 SCHOOLS AND INSTITUTES. NYU'S PRIMARY MISSIONS ARE EDUCATION, RESEARCH AND SCHOLARSHIP, AND PATIENT CARE. (CONTINUED ON SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code \_\_\_\_\_) (Expenses \$ 2,331,005,569. Including grants of \$ 671,530,344. ) (Revenue \$ 2,538,000,000. )  
 EDUCATION: FOUNDED IN 1831, NYU IS AMONG THE LARGEST PRIVATE NOT-FOR-PROFIT RESEARCH UNIVERSITIES IN THE U.S., WITH 19 SCHOOLS AND INSTITUTES, APPROXIMATELY 5,000 FULL-TIME FACULTY MEMBERS, AND APPROXIMATELY 60,000 MATRICULATING STUDENTS. NYU ANNUALLY CONFERS OVER 16,000 UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREES, AND PROVIDES OVER \$300 MILLION PER YEAR IN SCHOLARSHIP AID TO UNDERGRADUATES. NYU HAS AN UNPARALLELED INTERNATIONAL PRESENCE WITH THREE DEGREE-GRANTING LIBERAL ARTS RESEARCH UNIVERSITY CAMPUSES (IN NEW YORK, ABU DHABI, AND SHANGHAI) AND 11 GLOBAL ACADEMIC SITES (FOR STUDY ABROAD) ON SIX CONTINENTS; SENDS MORE STUDENTS TO STUDY ABROAD THAN ANY OTHER U.S. COLLEGE OR UNIVERSITY; AND ENROLLS MORE INTERNATIONAL STUDENTS THAN ANY OTHER U.S. UNIVERSITY.

**4b** (Code \_\_\_\_\_) (Expenses \$ 2,027,888,218. Including grants of \$ \_\_\_\_\_ ) (Revenue \$ 2,159,297,000. )  
 PATIENT CARE AND THE HEALTHCARE MISSION: NYU'S MEDICAL ACADEMIC PROGRAMS ARE A MAJOR ELEMENT OF THE UNIVERSITY'S MISSION. THE NYU SCHOOL OF MEDICINE WAS ESTABLISHED IN 1841; FROM ITS EARLIEST YEARS, IT HAS BEEN AT THE FOREFRONT OF ADVANCING THE MEDICAL PROFESSION AND MEDICAL RESEARCH, INCLUDING PARTICIPATING IN THE PROCESS THAT LED TO THE ESTABLISHMENT OF NEW YORK CITY'S HEALTH DEPARTMENT, ESTABLISHING THE FIRST OUTPATIENT CLINIC, ESTABLISHING THE FIRST LABORATORY DEVOTED TO TEACHING AND RESEARCH IN BACTERIOLOGY AND PATHOLOGY, CREATING THE FIRST DEPARTMENT OF FORENSIC MEDICINE, CREATING THE FIRST DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION IN THE U.S., AND ESTABLISHING ONE OF THE FIRST MD-PHD PROGRAMS. ITS FACULTY AND GRADUATES HAVE INCLUDED NOBEL LAUREATES, THE DISCOVERER OF THE MOSQUITO AS THE SOURCE OF

**4c** (Code \_\_\_\_\_) (Expenses \$ 870,528,002. Including grants of \$ \_\_\_\_\_ ) (Revenue \$ 680,084,041. )  
 RESEARCH AND SCHOLARSHIP: NYU IS A MAJOR RESEARCH INSTITUTION, WITH SIGNIFICANT SUPPORT FROM NIH, NSF AND OTHER FUNDERS; IT IS A TOP 20 INSTITUTION IN THE NSF'S ANNUAL HIGHER EDUCATION RESEARCH AND DEVELOPMENT SURVEY. THE RESEARCH AND CREATIVE OUTPUT OF NYU'S SCHOLARS HAVE LED TO THE RECEIPT OF NOBEL PRIZES; ABEL PRIZES; PULITZER PRIZES; GUGGENHEIMS; THE NATIONAL MEDAL OF THE ARTS; THE NATIONAL MEDAL OF SCIENCE; THE NATIONAL MEDAL OF TECHNOLOGY; NSF WATERMAN AWARDS; MAX PLANCK AWARDS; THE KAVLI PRIZE; MEMBERSHIP FOR DOZENS OF FACULTY IN THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE; ACADEMY AWARDS; TONY AWARDS; AND GRAMMY AWARDS, AMONG MANY OTHER HONORS FOR THE UNIVERSITY'S FACULTY. NYU FACULTY FINDINGS ARE REGULARLY PUBLISHED IN TOP JOURNALS ACROSS A BROAD RANGE OF SCHOLARLY DISCIPLINES. NYU HAS

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 744,171,698. Including grants of \$ 11,181,930. ) (Revenue \$ 760,953,242. )

**4e** Total program service expenses **▶** 5,973,593,487.

Form **990** (2017)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2017)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	X	
<b>22</b> 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	X	
<b>23</b> 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	X	
<b>24a</b> 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	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> 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		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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	X	
<b>36</b> 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	X	
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2017)

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 57864		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
<b>2a</b>	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. 44532		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	<input checked="" type="checkbox"/>	
<b>4a</b>	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)?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Form 990 (2017)

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

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

☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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.	67	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	60	
<b>2</b> 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?	<input checked="" type="checkbox"/> X	
<b>3</b> 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?		<input checked="" type="checkbox"/> X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<input checked="" type="checkbox"/> X	
<b>6</b> Did the organization have members or stockholders?	<input checked="" type="checkbox"/> X	
<b>7a</b> 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?	<input checked="" type="checkbox"/> X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<input checked="" type="checkbox"/> X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> X	
<b>9</b> 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		<input checked="" type="checkbox"/> X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/> X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/> X	
<b>i</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/> X	
<b>13</b> Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/> X	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<input checked="" type="checkbox"/> X	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/> X
<b>b</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?		

**Section C. Disclosure**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RONALD D. ABRAMSON TRUSTEE	2.00	X						0.	0.	0.
(2) KHALDOON KHALIFA AL MUBARAK TRUSTEE	2.00	X						0.	0.	0.
(3) TAFFI AYODELE TRUSTEE	2.00	X						0.	0.	0.
(4) PHYLLIS PUTTER BARASCH TRUSTEE & VICE CHAIR	2.00	X		X				0.	0.	0.
(5) MARIA BARTIROMO TRUSTEE	2.00	X						0.	0.	0.
(6) MARC H. BELL TRUSTEE	2.00	X						0.	0.	0.
(7) WILLIAM R. BERKLEY TRUSTEE & CHAIR	8.00	X		X				0.	0.	0.
(8) ANDREA C. BONOMI TRUSTEE (BEGIN: 9/1/2017)	2.00	X						0.	0.	0.
(9) CASEY BOX TRUSTEE	2.00	X						0.	0.	0.
(10) SHARON CHANG TRUSTEE	2.00	X						0.	0.	0.
(11) EVAN R. CHESLER TRUSTEE	2.00	X						0.	0.	0.
(12) STEVEN M. COHEN TRUSTEE	2.00	X						0.	0.	0.
(13) STUYVIE COMFORT TRUSTEE	2.00	X						0.	0.	0.
(14) MICHAEL DENKENSOHN TRUSTEE	2.00	X						0.	0.	0.
(15) JINSONG DING TRUSTEE (BEGIN: 10/4/2017)	2.00	X						0.	0.	0.
(16) FIONA DRUCKENMILLER TRUSTEE	2.00	X						0.	0.	0.
(17) GALE DRUKIER TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL S. EHRENKRANZ TRUSTEE	2.00	X						0.	0.	0.
(19) LUN FENG TRUSTEE	2.00	X						0.	0.	0.
(20) LAURENCE D. FINK TRUSTEE & VICE CHAIR	4.00	X		X				0.	0.	0.
(21) LUIZ FRAGA TRUSTEE	2.00	X						0.	0.	0.
(22) MARK FUNG TRUSTEE	2.00	X						0.	0.	0.
(23) JEFFREY GOULD TRUSTEE	2.00	X						0.	0.	0.
(24) LISA YOO HAHN TRUSTEE	2.00	X						0.	0.	0.
(25) NATALIE HOLDER TRUSTEE	2.00	X						0.	0.	0.
(26) BEVERLY HYMAN TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								40,304,799.	6,041,513.	3,540,840.
<b>d Total (add lines 1b and 1c)</b>								40,304,799.	6,041,513.	3,540,840.

**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 **6,881**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION COMPANY CORP, 375 HUDSON STREET, 6TH FL, NEW YORK, NY 10014	CONSTRUCTION	81,062,236.
COLLINS BUILDING SERVICES INC, COURT SQUARE PLACE 24-01 44TH ROAD 15TH FLOOR,	JANITORIAL	79,763,755.
SKANSKA USA BUILDING INC., 389 INTERPACE PARKWAY 5TH FLOOR, PARSIPPANY, NJ 07054	CONSTRUCTION	59,265,192.
ARAMARK EDUCATIONAL SERVICES LLC, 131 SOUTH DEARBORN 6TH FLOOR, CHICAGO, IL	FOOD SERVICE	47,849,227.
BROSNA CONSTRUCTION CORP 838 MCCLEAN AVENUE, YONKERS, NY 10704	CONSTRUCTION	15,753,046.

**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 **1,150**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MITCHELL JACOBSON TRUSTEE	2.00	X						0.	0.	0.
(28) BORIS JORDAN TRUSTEE	2.00	X						0.	0.	0.
(29) DAVID A. KATZ TRUSTEE (BEGIN: 9/1/2017)	2.00	X						0.	0.	0.
(30) JONATHAN C. KIM TRUSTEE	2.00	X						0.	0.	0.
(31) ANDRE J.L. KOO TRUSTEE	2.00	X						0.	0.	0.
(32) JOSEPH LANDY TRUSTEE	2.00	X						0.	0.	0.
(33) KENNETH G. LANGONE VICE CHAIR	4.00	X						0.	0.	0.
(34) MARK LESLIE TRUSTEE	2.00	X						0.	0.	0.
(35) BRIAN A. LEVINE, MD TRUSTEE	2.00	X						0.	0.	0.
(36) AMANDA LIPITZ TRUSTEE	2.00	X						0.	0.	0.
(37) MARTIN LIPTON TRUSTEE	2.00	X						0.	0.	0.
(38) KELLY KENNEDY MACK TRUSTEE	2.00	X						0.	0.	0.
(39) MIMI M.D. MARZIANI TRUSTEE	2.00	X						0.	0.	0.
(40) HOWARD MEYERS TRUSTEE	2.00	X						0.	0.	0.
(41) RUTHIE ANN MILES TRUSTEE (BEGIN: 10/4/2017)	2.00	X						0.	0.	0.
(42) CONSTANCE J. MILSTEIN TRUSTEE	2.00	X						0.	0.	0.
(43) DAVID C. OXMAN TRUSTEE	2.00	X						0.	0.	0.
(44) JOHN PAULSON TRUSTEE	2.00	X						0.	0.	0.
(45) DASHA RETTEW TRUSTEE (BEGIN: 9/1/2017)	2.00	X						0.	0.	0.
(46) CATHERINE B. REYNOLDS TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BRETT B. ROCHKIND TRUSTEE	2.00	X						0.	0.	0.
(48) WILLIAM C. RUDIN TRUSTEE	2.00	X						0.	0.	0.
(49) CONSTANCE SILVER TRUSTEE & VICE CHAIR	2.00	X		X				0.	0.	0.
(50) LARRY A. SILVERSTEIN TRUSTEE	2.00	X						0.	0.	0.
(51) LISA SILVERSTEIN TRUSTEE	2.00	X						0.	0.	0.
(52) JAY STEIN TRUSTEE	2.00	X						0.	0.	0.
(53) JOSEPH S. STEINBERG TRUSTEE	2.00	X						0.	0.	0.
(54) JUDY STEINHARDT TRUSTEE	2.00	X						0.	0.	0.
(55) JESSICA SWARTZ TRUSTEE	2.00	X						0.	0.	0.
(56) CHANDRIKA TANDON TRUSTEE & VICE CHAIR	6.00	X		X				0.	0.	0.
(57) DAVID A. TANNER TRUSTEE (BEGIN: 2/21/2018)	2.00	X						0.	0.	0.
(58) ADAM TAKI TRUSTEE	2.00	X						0.	0.	0.
(59) DANIEL R. TISCH TRUSTEE & VICE CHAIR	2.00	X		X				0.	0.	0.
(60) WENLIANG WANG TRUSTEE	2.00	X						0.	0.	0.
(61) NINA WEISSBERG TRUSTEE	2.00	X						0.	0.	0.
(62) ANTHONY WELTERS TRUSTEE & VICE CHAIR	4.00	X		X				0.	0.	0.
(63) SHELBY WHITE TRUSTEE & VICE CHAIR	4.00	X		X				0.	0.	0.
(64) LEONARD A. WILF TRUSTEE & VICE CHAIR	4.00	X		X				0.	0.	0.
(65) TAMARA WINN TRUSTEE	2.00	X						0.	0.	0.
(66) SASCIA YUAN TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) CHARLES ZEGAR TRUSTEE	2.00	X						0.	0.	0.
(68) ANDREW HAMILTON TRUSTEE & PRESIDENT	70.00	X		X				1,518,650.	0.	462,552.
(69) MARTIN DORPH EXECUTIVE VICE PRESIDENT	50.00			X				749,579.	0.	50,430.
(70) STEPHANIE PIANKA CFO	50.00			X				442,566.	0.	35,790.
(71) TERRANCE NOLAN GEN.COUNSEL & SECRETARY	50.00			X				665,468.	0.	43,398.
(72) PIETRINA SCARAGLINO ASSOCIATE SECRETARY	50.00			X				362,247.	0.	47,367.
(73) KATHERINE FLEMING PROVOST	50.00			X				912,000.	0.	27,138.
(74) THOMAS J CAREW DEAN OF FAS	50.00				X			535,447.	0.	43,398.
(75) ANDREW BROTMAN SVP. & VICE DEAN	30.00 30.00				X			2,040,310.	2,040,310.	27,000.
(76) ROBERT GROSSMAN EX-OFFICIO, DEAN & CEO	30.00 30.00				X			3,991,137.	3,991,137.	2,277,966.
(77) LINDA MILLS VC. GLOBAL PROGRAMS	50.00				X			681,072.	0.	50,430.
(78) KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	50.00				X			1,514,187.	0.	22,950.
(79) SABRINA ELLIS VP OF HUMAN RESOURCES	50.00				X			383,006.	0.	36,030.
(80) LINDA CHIARELLI SNR. VP OF CAP PROJECTS & FACILITIES	50.00				X			710,898.	0.	41,814.
(81) JANINE WILCOX TREASURER	50.00				X			217,172.	0.	23,814.
(82) KEN MANOTTI SNR. VP FOR DEV & ALUMNI RELATIONS	50.00				X			269,745.	0.	14,017.
(83) ANTHONY K FREMPONG-BOADU DR. DIVISION OF SPINAL NEUROSURGERY	50.00					X		3,241,037.	0.	31,571.
(84) JAMES A. GRIFO, MD, PHD PROF. OF OBSTETRICS AND GYNECOLOGY	50.00					X		3,563,282.	0.	31,705.
(85) JOHN BENDO VICE CHAIR CLINICAL AFFAIR	50.00					X		3,135,733.	10,066.	33,092.
(86) RONNIE HERSHMAN CLINICAL INSTRUCTOR DEPT OF MEDICINE	50.00					X		3,378,664.	0.	31,572.
Total to Part VII, Section A, line 1c										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) RICHARD STEWART ACADEMIC DIRECTOR	50.00					X		8,710,077.	0.	50,430.
(88) JOHN E SEXTON FORMER PRESIDENT	50.00						X	726,892.	0.	35,790.
(89) DAVID W. MCLAUGHLIN FORMER PROVOST	50.00						X	415,641.	0.	43,398.
(90) ROBERT BERNE FORMER EVP. FOR HEALTH	50.00						X	1,486,223.	0.	43,398.
(91) DEBRA LAMORTE FORMER SVP. FOR DEVELOPMENT	50.00						X	653,766.	0.	35,790.
Total to Part VII, Section A, line 1c								40,304,799.	6,041,513.	3,540,840.

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	9,386,187.			
	<b>d</b> Related organizations	<b>1d</b>	924,402.			
	<b>e</b> Government grants (contributions)	<b>1e</b>	680,084,041.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	547,742,026.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		38,876,405.			
	<b>h Total.</b> Add lines 1a-1f		1,238,136,656.			
	<b>Program Service Revenue</b>	<b>2 a</b> TUITION & FEES	Business Code 611600	2,538,000,000.	2,538,000,000.	
<b>b</b> PATIENT CARE		623990	2,159,297,000.	2,159,297,000.		
<b>c</b> OTHER PROGRAM SERVICES		611600	437,977,981.	437,977,981.		
<b>d</b> HOUSING & DINING		721310	322,975,261.	322,975,261.		
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			5,458,250,242.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		54,269,869.		-5,459,285.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		1,558,107.			1,558,107.
	<b>6 a</b> Gross rents	(i) Real (ii) Personal 80,486,872.				
	<b>b</b> Less: rental expenses	54,258,363.				
	<b>c</b> Rental income or (loss)	26,228,509.				
	<b>d</b> Net rental income or (loss)		26,228,509.			26,228,509.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 2190640826.				
	<b>b</b> Less: cost or other basis and sales expenses	1955811694.				
	<b>c</b> Gain or (loss)	234,829,132.				
	<b>d</b> Net gain or (loss)		234,829,132.			234,829,132.
	<b>8 a</b> Gross income from fundraising events (not including \$ 9,386,187. of contributions reported on line 1c). See Part IV, line 18	a 1,017,473.				
	<b>b</b> Less: direct expenses	b 642,124.				
	<b>c</b> Net income or (loss) from fundraising events		375,349.			375,349.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	a 6,187,014.					
<b>b</b> Less: cost of goods sold	b 924,639.					
<b>c</b> Net income or (loss) from sales of inventory		5,262,375.			5,262,375.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> CHANGE IN POST RET.	900099	105,341,000.			105,341,000.	
<b>b</b> OTHER AUX. ENTERPRISES	713940	16,243,512.		6,571,840.	9,671,672.	
<b>c</b>						
<b>d</b> All other revenue	900099	153,123,664.		1,765.	153,121,899.	
<b>e Total.</b> Add lines 11a-11d		274,708,176.				
<b>12 Total revenue.</b> See instructions.		7,293,618,415.	5,458,250,242.	1,114,320.	596,117,197.	

**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	11,181,930.	11,181,930.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	481,756,944.	481,756,944.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	189,773,400.	189,773,400.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,015,205.	12,963,881.	927,057.	124,267.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,118,675,686.	2,822,884,471.	270,378,944.	25,412,271.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,893,668.	158,573,583.	13,874,967.	1,445,118.
9 Other employee benefits	368,310,261.	336,750,461.	28,187,162.	3,372,638.
10 Payroll taxes	156,572,641.	141,416,282.	13,896,749.	1,259,610.
11 Fees for services (non-employees):				
a Management	1,652,959.		1,652,959.	
b Legal	12,320,639.	9,474,262.	2,690,183.	156,194.
c Accounting	1,594,438.	1,239,358.	334,717.	20,363.
d Lobbying	622,354.	478,950.	135,535.	7,869.
e Professional fundraising services. See Part IV, line 17	919,700.			919,700.
f Investment management fees	7,396,684.		7,396,684.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	304,232,090.	234,100,062.	66,283,074.	3,848,954.
12 Advertising and promotion	30,121,314.	28,473,741.	1,601,685.	45,888.
13 Office expenses	146,111,477.	136,556,169.	9,450,921.	104,387.
14 Information technology	63,023,519.	34,796,453.	27,994,638.	232,428.
15 Royalties	543,265.	543,105.	160.	
16 Occupancy	254,827,292.	242,887,906.	11,939,386.	
17 Travel	134,996,987.	118,049,992.	13,496,042.	3,450,953.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,337,703.	7,037,725.	2,191,829.	108,149.
20 Interest	159,964,000.	135,574,085.	24,389,915.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	362,309,130.	248,468,083.	113,841,047.	
23 Insurance	27,545,247.	2,652,094.	24,891,725.	1,428.
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	226,268,807.	209,856,696.	16,405,765.	6,346.
b REPAIR AND MAINTENANCE	67,043,963.	60,255,766.	6,723,757.	64,440.
c UTILITIES	37,605,485.	37,009,240.	596,245.	
d PENSION & POST RET.	19,577,000.		19,577,000.	
e All other expenses	514,036,389.	310,838,848.	200,836,688.	2,360,853.
25 Total functional expenses. Add lines 1 through 24e	6,896,230,177.	5,973,593,487.	879,694,834.	42,941,856.
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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	901,892,807.	1	1,076,553,952.
	2 Savings and temporary cash investments	272,802,108.	2	463,805,100.
	3 Pledges and grants receivable, net	453,736,827.	3	488,399,316.
	4 Accounts receivable, net	453,666,755.	4	431,246,601.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	120,000.	5	104,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L	0.	6	
	7 Notes and loans receivable, net	80,978,849.	7	84,097,250.
	8 Inventories for sale or use	1,501,000.	8	1,265,000.
	9 Prepaid expenses and deferred charges	117,919,308.	9	111,214,657.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 9,986,287,439.		
	b Less. accumulated depreciation	10b 3,745,995,852.	10c	6,240,291,587.
	11 Investments - publicly traded securities	2,038,155,784.	11	2,040,850,287.
	12 Investments - other securities. See Part IV, line 11	2,066,092,000.	12	2,242,762,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	31,549,000.
	15 Other assets. See Part IV, line 11	359,242,676.	15	278,493,279.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	12,445,235,606.	16	13,490,632,029.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	880,218,435.	17	987,440,373.
	18 Grants payable		18	
	19 Deferred revenue	887,125,000.	19	872,993,000.
	20 Tax-exempt bond liabilities	2,665,653,000.	20	2,953,127,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	311,734,000.	23	300,210,000.
	24 Unsecured notes and loans payable to unrelated third parties	1,071,266,000.	24	1,354,874,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,252,936,632.	25	1,183,870,129.
	26 <b>Total liabilities.</b> Add lines 17 through 25	7,068,933,067.	26	7,652,514,502.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,093,583,691.	27	2,379,097,870.
	28 Temporarily restricted net assets	1,256,033,255.	28	1,289,423,712.
	29 Permanently restricted net assets	2,026,685,593.	29	2,169,595,945.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,376,302,539.	33	5,838,117,527.
	34 <b>Total liabilities and net assets/fund balances</b>	12,445,235,606.	34	13,490,632,029.

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,293,618,415.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,896,230,177.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	397,388,238.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,376,302,539.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	35,828,142.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	28,598,608.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,838,117,527.

**Part XII Financial Statements and Reporting**

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

☒

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

Form **990** (2017)



Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

# 2017

**Open to Public  
Inspection**

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

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

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1192742941.	1019592114.	1044889535.	1125243260.	1238136656.	5620604506.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1192742941.	1019592114.	1044889535.	1125243260.	1238136656.	5620604506.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						5620604506.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	1192742941.	1019592114.	1044889535.	1125243260.	1238136656.	5620604506.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	108,164,764.	132,377,284.	107,958,668.	128,510,326.	134,756,741.	611,767,783.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	8,394,454.	6,042,645.	7,871,518.	3,754,460.	1,114,320.	27,177,397.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	408,331,015.	120,171,437.	188,795,194.	294,821,089.	160,328,151.	1172446886.
<b>11 Total support.</b> Add lines 7 through 10						7431996572.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	22,817,642,351.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.63 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	74.28 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a 1			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

**PART II LINE 10**

OTHER INCOME INCLUDES OTHER AUXILIARY ENTERPRISES, CHANGES IN POST

RETIREMENT BENEFIT OBLIGATIONS AND OTHER MISCELLANEOUS INCOME.



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization <b>NEW YORK UNIVERSITY</b>	Employer identification number <b>13-5562308</b>
--	---

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		250.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		7,504.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		622,354.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		5,790.
<b>j</b> Total. Add lines 1c through 1i			635,898.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

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

PART 11-B LINE 1

NYU UTILIZES VOLUNTEERS AS PART OF NYU IN ALBANY DAY AND NYU IN

WASHINGTON, DC DAY.

NYU UTILIZES PAID EMPLOYEES TO HAVE MINIMAL CONTACT WITH ELECTED

OFFICIALS. ADDITIONALLY, NYU HAS THREE PRINCIPAL LOBBYISTS ON RETAINER

WHO HAVE DIRECT CONTACT WITH LEGISLATORS AND STAFF CONCERNING UNIVERSITY

**Part IV** Supplemental Information (continued)

MATTERS.

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

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

ASSOCIATIONS ARE REPORTED: NAICU (NATIONAL ASSOCIATION OF INDEPENDENT

COLLEGES AND UNIVERSITIES) AND TSC (THE SCIENCE COALITION).

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2017

**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 d ☒ Loan or exchange programs
- b ☒ Scholarly research e ☐ Other \_\_\_\_\_
- c ☒ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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 on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,039,147,077.	3,551,832,192.	3,440,122,879.	3,398,521,211.	2,942,581,087.
b Contributions	178,132,991.	231,429,703.	169,200,278.	178,208,969.	259,375,964.
c Net investment earnings, gains, and losses	318,063,963.	453,330,554.	125,109,083.	42,883,564.	383,468,572.
d Grants or scholarships	45,129,982.	39,552,001.	36,319,292.	32,408,574.	27,698,757.
e Other expenditures for facilities and programs	301,880,923.	155,148,796.	141,280,466.	140,961,222.	149,089,238.
f Administrative expenses	5,875,679.	2,744,575.	5,000,290.	6,121,069.	10,116,417.
g End of year balance	4,182,457,447.	4,039,147,077.	3,551,832,192.	3,440,122,879.	3,398,521,211.

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

- a Board designated or quasi-endowment ☐ 34.00 %
- b Permanent endowment ☐ 50.00 %
- c Temporarily restricted endowment ☐ 16.00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		181,851,000.		181,851,000.
b Buildings		7,772,290,157.	3,053,337,254.	4,718,952,903.
c Leasehold improvements		321,252,000.		321,252,000.
d Equipment		1,037,166,282.	692,658,598.	344,507,684.
e Other		673,728,000.		673,728,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				6,240,291,587.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH & OTHER	4,608,056.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	818,614,678.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME SECURITIES	8,351,881.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUNDS	706,318,841.	END-OF-YEAR MARKET VALUE
(E) NATURAL RESOURCES	72,224,106.	END-OF-YEAR MARKET VALUE
(F) OPPORTUNISTIC & CREDIT	165,953,220.	END-OF-YEAR MARKET VALUE
(G) PRIVATE EQUITY	261,519,033.	END-OF-YEAR MARKET VALUE
(H) REAL ASSETS	167,873,185.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,242,762,000.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BENEFIT OBLIGATION	67,983,000.
(3) ACCRUED POST RETIREMENT OBLIGATION	606,791,462.
(4) ASSET RETIREMENT OBLIGATION	213,816,000.
(5) DUE TO AFFILIATES	35,667.
(6) FUNDS HELD FOR OTHERS	295,244,000.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	1,183,870,129.

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

Schedule D (Form 990) 2017

**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.

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

**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.

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

**Part XIII** Supplemental Information.

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

PART III, LINE 1a:

THE UNIVERSITY DOES NOT ASSIGN VALUES TO COLLECTION ITEMS. COLLECTION

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

FOR FINANCIAL GAIN OR OTHERWISE ENCUMBERED IN ANY MANNER.

PART III, LINE 4:

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

HISTORICAL TREASURES, AND ARTIFACTS THAT ARE MAINTAINED IN THE

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

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

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

ASSETS ON THE CONSOLIDATED BALANCE SHEET. COSTS ASSOCIATED WITH



**Part XIII** Supplemental Information *(continued)*

ACQUISITION AND MAINTENANCE OF THESE COLLECTIONS ARE RECORDED AS EXPENSES

IN THE PERIOD IN WHICH THEY ARE INCURRED.

PART V, LINE 4:

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

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

SCHOLARSHIPS AND FELLOWSHIPS, LIBRARY BOOKS, RESEARCH, BUILDINGS AND

EQUIPMENT, AND STUDENT ASSISTANCE.



**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

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

► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

**Part I**

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

SEE PART II

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

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

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

YES NO

1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2017

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

Also provide any other additional information

**LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:**

ALL ADVERTISEMENTS AND MARKETING MATERIALS, INCLUDING

ADVERTISEMENTS IN NEWSPAPERS, CONTAIN THE NYU

NONDISCRIMINATION POLICY STATEMENT. ADDITIONALLY, THE

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

INSTITUTIONAL POLICIES ON NONDISCRIMINATION AND EQUAL

OPPORTUNITY.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS FEDERAL, STATE &amp;

LOCAL AGENCIES.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA	1	70	EDUCATION/RESEARCH	INSTRUCTION	439,024.
EAST ASIA AND THE PACIFIC	2	50	EDUCATION/RESEARCH	INSTRUCTION	4,359,952.
EUROPE	8	227	EDUCATION/RESEARCH	INSTRUCTION	64,253,692.
MIDDLE EAST AND NORTH AFRICA	2	476	EDUCATION/RESEARCH	INSTRUCTION	193,220,570.
SOUTH AMERICA	1	21	EDUCATION/RESEARCH	INSTRUCTION	3,468,519.
SUB-SAHARAN AFRICA	3	23	EDUCATION/RESEARCH	INSTRUCTION	2,118,932.
SOUTH ASIA	1	27	EDUCATION/RESEARCH	INSTRUCTION	939,763.
NORTH AMERICA	0	44	EDUCATION/RESEARCH	INSTRUCTION	199,133.
<b>3 a Sub-total</b>	18	938			268,999,585.
<b>b Total from continuation sheets to Part I</b>	0	11			702,245,113.
<b>c Totals (add lines 3a and 3b)</b>	18	949			971,244,698.

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

Schedule F (Form 990) 2017

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	11	EDUCATION/RESEARCH	INSTRUCTION	28,456.
CENTRAL AMERICA	0	0	INVESTMENTS		598,068,788.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		39,442,341.
EUROPE	0	0	INVESTMENTS		64,705,528.
<b>Totals</b>		11			702,245,113.



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	226	7,220,705.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EAST ASIA AND THE PACIFIC	2,850	54,734,435.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EUROPE	925	30,855,222.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	MIDDLE EAST & NORTH AFRICA	498	23,995,304.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	NORTH AMERICA	413	10,637,558.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	RUSSIA-NEWLY INDEPENDENT	197	8,276,831.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH AMERICA	481	12,336,711.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH ASIA	1,207	28,545,452.	CREDIT TO BURSAR ACCOUNTS	0.		
SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SUB-SAHARAN AFRICA	288	10,388,920.	CREDIT TO BURSAR ACCOUNTS	0.		



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2017

**Part V** Supplemental Information

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

PART I, LINE 2:

GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS OUTSIDE THE UNITED

STATES REPRESENT STUDENT FINANCIAL AID. STUDENTS RECEIVING FINANCIAL AID

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

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

OFFICE OF FINANCIAL AID AND THE FINANCE OFFICE FOR EACH COLLEGE

CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS.

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, line 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](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

2017

**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

- 2 a** 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?		(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
		Yes	No			
RUFFALO NOEL LEVITZ - 1025 KIRKWOOD PKWY SW, CEDAR	PHONATHON		X	1,975,652.	919,700.	1,055,952.
<b>Total</b>				1,975,652.	919,700.	1,055,952.

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

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

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

Schedule G (Form 990 or 990-EZ) 2017

SEE PART IV FOR CONTINUATIONS

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43

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2017.05010 NEW YORK UNIVERSITY

NYU 3

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VIOLET BALL (event type)	UROLOGY FUNDRAISER (event type)	22 (total number)	
Revenue	1 Gross receipts	5,908,324.	1,205,289.	3,290,047.	10,403,660.
	2 Less: Contributions	5,770,324.	1,143,414.	2,472,449.	9,386,187.
	3 Gross income (line 1 minus line 2)	138,000.	61,875.	817,598.	1,017,473.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	252,076.	93,944.	296,104.	642,124.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				642,124.
	11 Net income summary. Subtract line 10 from line 3, column (d)				375,349.

**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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information.

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: RUFFALO NOEL LEVITZ

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

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number  
13-5562308

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NEW YORK CITY 2 PARK AVENUE NEW YORK, NY 10016	13-2617681	501(C)(3)	32,333.	0.			SUPPORT
NATIONAL CENTER ON PHILANTHROPY AND THE LAW - 110 WEST 3RD STREET - D'AGOSTINO HALL - NEW YORK, NY 10012	13-3954405	501(C)(3)	290,000.	0.			SUPPORT
GREENWICH HOUSE INC 122 WEST 27TH STREET, 6TH FLOOR NEW YORK, NY 10001	13-5562204	501(C)(3)	14,000.	0.			SUPPORT
BOWERY RESIDENTS' COMMITTEE, INC. 131 WEST 25TH STREET NEW YORK, NY 10001	13-2736659	501(C)(3)	15,000.	0.			SUPPORT
UNION SQUARE PARTNERSHIP 4 IRVING PLACE NO 751 NEW YORK, NY 10003	13-3004730	501(C)(3)	13,000.	0.			SUPPORT
VILLAGE ALLIANCE 8 EAST 8TH STREET NEW YORK, NY 10003	13-3743340	501(C)(3)	7,500.	0.			SUPPORT

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

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

18.  
2.

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORKER FOR PARKS 55 BROAD STREET, 23RD FLOOR NEW YORK, NY 10004	13-6167879	501(C)(3)	10,000.	0.			SUPPORT
UNIVERSITY SETTLEMENT 184 ELDRIDGE STREET NEW YORK, NY 10002	13-5562374	501(C)(3)	5,000.	0.			SUPPORT
WASHINGTON SQUARE PARK CONSERVANCY WASHINGTON SQUARE PARK NEW YORK, NY 10011	46-1406128	501(C)(3)	15,000.	0.			SUPPORT
BROOKLYN CHAMBER OF COMMERCE INC 335 ADAMS ST STE 2700 BROOKLYN, NY 11201	11-0577070	501(C)(3)	7,500.	0.			SUPPORT
VILLAGECARE FOUNDATION 120 BROADWAY, SUITE 2840 NEW YORK, NY 10271	13-3471553	501(C)(3)	8,000.	0.			SUPPORT
CITY AND STATE NY 61 BROADWAY SUITE 2235 NEW YORK, NY 10006	46-2209305	501(C)(3)	22,000.	0.			SUPPORT
BROOKLYN FRIENDS SCHOOL 375 PEARL ST BROOKLYN, NY 11201	11-1630751	501(C)(3)	10,000.	0.			SUPPORT
FIGHT FOR SIGHT INC. 200 CENTRAL PARK S APT 28C NEW YORK, NY 10019	13-6195863	501(C)(3)	9,000.	0.			SUPPORT
BROOKLYN BOOK FESTIVAL 249 SMITH STREET PMB #106 BROOKLYN, NY 11231	46-5328190	501(C)(3)	5,000.	0.			SUPPORT

Schedule I (Form 990)



Schedule I (Form 990)  
NEW YORK UNIVERSITY[illegible]

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT FINANCIAL AID	19610	481,756,944.	0.		

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

PART I, LINE 2:

GRANTS AND OTHER ASSISTANCE AWARDED TO INDIVIDUALS IN THE UNITED STATES

REPRESENT STUDENT FINANCIAL AID. STUDENTS RECEIVING FINANCIAL AID ARE

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

ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS. THE

OFFICE OF FINANCIAL AID AND THE FINANCE OFFICE FOR EACH COLLEGE

CONTINUOUSLY MONITOR STUDENT ELIGIBILITY FOR THESE AWARDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☒ First-class or charter travel

☒ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☒ Personal services (such as, maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	x	
<b>2</b>	x	
<b>4a</b>		x
<b>4b</b>	x	
<b>4c</b>		x
<b>5a</b>	x	
<b>5b</b>		x
<b>6a</b>		x
<b>6b</b>		x
<b>7</b>	x	
<b>8</b>		x
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW HAMILTON TRUSTEE & PRESIDENT	(i) 1,518,650.	0.	0.	287,795.	174,757.	1,981,202.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) MARTIN DORPH EXECUTIVE VICE PRESIDENT	(i) 692,368.	0.	57,211.	27,000.	23,430.	800,009.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) STEPHANIE PIANKA CFO	(i) 423,892.	18,674.	0.	27,000.	8,790.	478,356.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) TERRANCE NOLAN GEN. COUNSEL & SECRETARY	(i) 665,468.	0.	0.	27,000.	16,398.	708,866.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) PIETRINA SCARAGLINO ASSOCIATE SECRETARY	(i) 362,247.	0.	0.	24,225.	23,142.	409,614.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) KATHERINE FLEMING PROVOST	(i) 804,000.	0.	108,000.	27,000.	138.	939,138.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) THOMAS J CAREW DEAN OF FAS	(i) 535,447.	0.	0.	27,000.	16,398.	578,845.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) ANDREW BROTMAN SVP. & VICE DEAN	(i) 780,109.	1,255,900.	4,301.	13,500.	0.	2,053,810.	0.
	(ii) 780,109.	1,255,900.	4,301.	13,500.	0.	2,053,810.	0.
(9) ROBERT GROSSMAN EX-OFFICIO, DEAN & CEO	(i) 1,644,325.	2,303,922.	42,890.	1,135,342.	3,641.	5,130,120.	0.
	(ii) 1,644,325.	2,303,922.	42,890.	1,135,342.	3,641.	5,130,120.	0.
(10) LINDA MILLS VC. GLOBAL PROGRAMS	(i) 681,072.	0.	0.	27,000.	23,430.	731,502.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) KATHLEEN JACOBS CHIEF INVESTMENT OFFICER	(i) 681,187.	833,000.	0.	13,500.	9,450.	1,537,137.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) SABRINA ELLIS VP OF HUMAN RESOURCES	(i) 364,556.	18,450.	0.	27,000.	9,030.	419,036.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) LINDA CHIARELLI SNR. VP OF CAP PROJECTS & FACILITIES	(i) 660,898.	50,000.	0.	27,000.	14,814.	752,712.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) JANINE WILCOX TREASURER	(i) 207,628.	9,544.	0.	15,240.	8,574.	240,986.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) KEN MANOTTI SNR. VP FOR DEV & ALUMNI RELATIONS	(i) 197,766.	60,000.	11,979.	9,918.	4,099.	283,762.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) ANTHONY K FREMPONG-BOADU DR. DIVISION OF SPINAL NEUROSURGERY	(i) 3,240,111.	0.	926.	26,501.	5,070.	3,272,608.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

[illegible]

**Part III** Supplemental Information

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

PART I, LINE 1A:

ONE FORMER OFFICER TRAVELED FIRST CLASS FOR BUSINESS TRAVEL WHICH WAS

DETERMINED TO BE AN ORDINARY AND NECESSARY BUSINESS EXPENSE AND THEREFORE

NOT TREATED AS TAXABLE INCOME.

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

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

BUSINESS INCLUDING SUPPORTING UNIVERSITY RELATIONS, CULTIVATING DONORS FOR

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

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

REPRESENTING THE UNIVERSITY AT OFFICIAL FUNCTIONS, UNDER APPLICABLE RULES,

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

COMPENSATION TO THE OFFICER.

ONE OFFICER RECEIVED UNIVERSITY HOUSING WITHOUT CHARGE. THE HOUSING

QUALIFIED FOR EXCLUSION FROM TAX UNDER IRC 119.

ONE KEY EMPLOYEE HAD A CAR AND DRIVER AVAILABLE FOR USE, AND INCOME WAS

IMPUTED ON THE PERSONAL USE OF THE VEHICLE AND DRIVER.

Part III Supplemental Information

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

ONE FORMER OFFICER AND ONE OFFICER RECEIVED TAX GROSS-UP PAYMENTS WHICH

WERE INCLUDED IN THEIR TAXABLE INCOMES.

PART I, LINE 4B:

PRESIDENT EMERITUS SEXTON RECEIVED CERTAIN RETIREMENT PAYMENTS (THE "SERP

ANNUAL PAYMENTS") REDUCED BY RETIREMENT PAYMENTS OTHERWISE OWED TO DR.

SEXTON AND TAX PAYMENTS MADE ON HIS BEHALF THAT HAVE BEEN PREVIOUSLY

DISCLOSED.

PRESIDENT HAMILTON SHALL RECEIVE A PAYMENT OF TWO HUNDRED FIFTY THOUSAND

DOLLARS IN DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS

PRESIDENT SHOULD HE SERVE THE ENTIRE FIVE YEAR TERM. EACH ANNUAL

INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN

DR. HAMILTON AND THE UNIVERSITY.

ROBERT GROSSMAN, MD - DEAN OF NYU SCHOOL OF MEDICINE- PARTICIPATED IN A

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

2017. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS \$2,243,684 FOR CALENDAR

Part III Supplemental Information

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

YEAR 2017. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYU LANGONE HOSPITALS AND NYU SCHOOL OF MEDICINE. THE SUPPLEMENTAL SERP CONTRIBUTIONS WERE MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN.

PART I, LINE 5:

THREE OF THE HIGHEST PAID EMPLOYEES RECEIVED COMPENSATION OVER A BASE SALARY BASED ON THE SURPLUS OF REVENUE AFTER EXPENSES FOR THE FACULTY GROUP PRACTICE.

PART I, LINE 7:

PURSUANT TO A 1996 AGREEMENT BETWEEN A NEW YORK UNIVERSITY AFFILIATED ENTITY AND PROFESSOR RICHARD STEWART, PROFESSOR STEWART WAS PROVIDED WITH AN OPTION TO PURCHASE THE TOWNHOUSE OWNED BY THE AFFILIATED ENTITY IN WHICH HE RESIDED AND IN WHICH THE CENTER ON ENVIRONMENTAL AND LAND USE LAW OF WHICH HE WAS THE DIRECTOR WAS LOCATED, WITH THE PURCHASE PRICE ESTABLISHED ACCORDING TO A FORMULA IN THE AGREEMENT. IN 2002, THE TOWNHOUSE AND THE AGREEMENT WITH PROFESSOR STEWART SETTING THE PURCHASE PRICE FOR THE OPTION WERE TRANSFERRED BY THE AFFILIATED ENTITY TO THE UNIVERSITY. PROFESSOR STEWART RESIDED IN THE TOWNHOUSE AND RAN THE CENTER FROM THE TOWNHOUSE



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.

UNTIL 2017 WHEN HE ASSIGNED HIS OPTION TO A THIRD PARTY WHO PURCHASED THE TOWNHOUSE IN 2017. IN THAT SALE, THE UNIVERSITY RECEIVED THE AMOUNT ESTABLISHED UNDER THE AGREEMENT FORMULA, AND PROFESSOR STEWART RECEIVED THE BALANCE OF THE PROCEEDS OF THE SALE, WHICH WERE PAID TO HIM NET OF TAX WITHHOLDINGS.

TWO KEY EMPLOYEES RECEIVED COMPENSATION OVER BASE SALARY INCLUDING THE BONUS DETERMINED BY THE ORGANIZATION'S COMPENSATION COMMITTEE, DETERMINED AS REASONABLE.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

ENTITY

1

OMB No. 1545-0047

**2017**  
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) Released		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649905VFO)	14-6000293	649905VFO	12/10/09	419,957,678.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649905WC6)	14-6000293	649905WC6	12/10/09	65,343,341.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906TN4)	14-6000293	649906TN4	04/26/12	232,921,461.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906VS0)	14-6000293	649906VS0	05/17/12	61,224,691.	SEE SUPPLEMENTAL INFORMATION				X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		37,115,000.				36,190,000.		
2 Amount of bonds legally defeased		364,875,000.				64,260,000.		
3 Total proceeds of issue		420,557,786.				65,339,488.		61,226,336.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows						183,180,000.		
7 Issuance costs from proceeds		2,518,568.				402,576.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		414,446,546.				46,144,013.		60,767,589.
11 Other spent proceeds		3,592,673.				536,913.		458,747.
12 Other unspent proceeds								
13 Year of substantial completion	2014		2009		2015		2013	
	Yes	No	Yes	No	Yes	No	Yes	No

14 Were the bonds issued as part of a current refunding issue?

15 Were the bonds issued as part of an advance refunding issue?

16 Has the final allocation of proceeds been made?

17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

**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	

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

ENTITY

2

OMB No. 1545-0047

**2017**  
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) Pooled financing	
						Yes	No	Yes	No	Yes	No
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649907WP3)	14-6000293	649907WP3	10/08/13	135,927,356.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 000000000)	14-6000293	000000000	10/28/14	55,000,000.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990BFE8)	14-6000293	64990BFE8	04/22/15	785,388,019.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 64990CEC1)	14-6000293	64990CEC1	06/14/16	687,667,333.	SEE SUPPLEMENTAL INFORMATION				X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		10,275,000.		1,650,000.		9,900,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		135,965,086.		55,000,000.		785,388,034.		690,983,914.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows				55,000,000.		680,315,991.		4,937.
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		135,963,320.				105,060,855.		625,025,046.
11 Other spent proceeds		1,767.				11,188.		
12 Other unspent proceeds								65,958,868.
13 Year of substantial completion	2015		2014		2015		2016	
	Yes	No	Yes	No	Yes	No	Yes	No

14 Were the bonds issued as part of a current refunding issue?

15 Were the bonds issued as part of an advance refunding issue?

16 Has the final allocation of proceeds been made?

17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

**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	

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

ENTITY

3

OMB No. 1545-0047

**2017**  
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) Pooled financing	
						Yes	No	Yes	No	Yes	No
DORMITORY AUTHORITY OF THE STATE OF A NEW YORK (CUSIP # 64990CC90)	14-6000293	64990CC90	06/01/17	522,276,122.	SEE SUPPLEMENTAL INFORMATION				X		X
DORMITORY AUTHORITY OF THE STATE OF B NEW YORK (CUSIP # 64990C7S4)	14-6000293	64990C7S4	05/17/18	398,392,192.	SEE SUPPLEMENTAL INFORMATION				X		X
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		522,276,122.		399,329,740.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds		368,455,700.						
6 Proceeds in refunding escrows		5,381.						
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		153,815,041.		242,928,875.				
11 Other spent proceeds								
12 Other unspent proceeds				156,400,865.				
13 Year of substantial completion		2017		2021				

	Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?	X			X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	x		x		x		x	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	x		x		x		x	
<b>d</b> 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	
<b>4</b> 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		.01 %		.00 %		.00 %		.00 %
<b>5</b> 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		.10 %		.00 %		.00 %		.00 %
<b>6</b> Total of lines 4 and 5		.11 %		.00 %		.00 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test?		x		x		x		x
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		x
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x		x		x		x
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		x		x		x		x
<b>b</b> Exception to rebate?		x		x		x		x
<b>c</b> No rebate due?	x		x		x		x	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		x		x		x		x
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		x		x		x
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

13-5562308

NEW YORK UNIVERSITY

Schedule K (Form 990) 2017

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	x		x		x		x	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	x		x		x		x	
<b>d</b> 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	
<b>4</b> 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		.04 %		.00 %		.36 %		.00 %
<b>5</b> 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		1.43 %		.05 %		.33 %		.00 %
<b>6</b> Total of lines 4 and 5		1.47 %		.06 %		.69 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test?		x		x		x		x
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		x
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x		x		x		x
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		x		x		x		x
<b>b</b> Exception to rebate?		x		x		x		x
<b>c</b> No rebate due?	x		x		x		x	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		x		x		x		x
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		x		x		x
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

## Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	x		x					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	x		x					
<b>d</b> 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					
<b>4</b> 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		.01 %		.27 %				%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.06 %		.28 %				%
<b>6</b> Total of lines 4 and 5		.07 %		.55 %				%
<b>7</b> Does the bond issue meet the private security or payment test?		x		x				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%				%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> 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					

## Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x		x				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?	x		x					
<b>b</b> Exception to rebate?		x		x				
<b>c</b> No rebate due?		x		x				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		x		x				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		x		x				
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								





ENTITY 2

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?								
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?								
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?								

**Part V Procedures To Undertake Corrective Action**

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

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

**Part IV** Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?								
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		x		x				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	x		x					

**Part V** Procedures To Undertake Corrective Action

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

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

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

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649905VP0)

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2014

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649905WC6)

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2016

(A) ISSUER NAME:

DORMITORY AUTHORITY OF THE STATE OF NEW YORK (CUSIP # 649906TN4)

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

(A) ISSUER NAME:

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

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

(A) ISSUER NAME:

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

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

(A) ISSUER NAME:

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

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

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

## (A) ISSUER NAME:

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

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

## ALL BONDS: SCHEDULE K

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

ALL BONDS: SCHEDULE K, PART III, LINE 6: SUBTOTAL OF LINE 4 AND LINE 5 MAY NOT FOOT DUE TO ROUNDING.

SCHEDULE K, PART II, LINE 13: YEAR OF SUBSTANTIAL COMPLETION REFERS TO THE CALENDAR YEAR.

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

## BOND SET #1 - NYU

## BOND (A) DASNY (CUSIP # 649905VF0)

TO: (I) PAY THE COSTS OF THE SERIES 2009A PROJECT, CONSISTING OF THE FINANCING OR REIMBURSEMENT OF THE COSTS OF ACQUISITION, CONSTRUCTION, CAPITAL IMPROVEMENTS AND EQUIPMENT RELATING TO THE PROJECTS AT VARIOUS LOCATIONS OF THE UNIVERSITY CAMPUS; AND (II) PAY COSTS OF ISSUANCE OF THE SERIES 2009A BONDS.

## BOND (B) DASNY (CUSIP #649905WC6)

TO: (I) REPAY A LINE OF CREDIT USED TO REPAY TAXABLE INDEBTEDNESS INCURRED IN CONNECTION WITH A FACILITY FOR THE SCHOOL OF MEDICINE; AND (II) TO PAY THE COSTS OF ISSUANCE OF THE SERIES 2009B BONDS.

## BOND (C) DASNY (CUSIP# 649906TN4)

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

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

BONDS, 2001 SERIES 2; AND (III) TO REPAY A LINE OF CREDIT USED TO PAY THE DASNY INSURED REVENUE BONDS, SERIES 2003B.

BOND (D) DASNY (CUSIP # 649906VS0)  
TO PAY, OR REIMBURSE THE UNIVERSITY FOR THE PAYMENT OF, COSTS OF THE SERIES 2012 PROJECT WHICH CONSISTS OF THE ACQUISITION, CONSTRUCTION, FURNISHING AND EQUIPPING OF THE UNIVERSITY'S PORTION OF A BUILDING LOCATED ON CAMPUS.

BOND SET #2:

BOND (A) DASNY (CUSIP #649907WP3)  
TO FINANCE OR REFERENCE THE COST OF THE ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2013A PROJECT WHICH INCLUDES MULTIPLE FACILITIES ON CAMPUS.

BOND (B) DASNY (NO CUSIP - PRIVATE PLACEMENT, SERIES 2014A)  
TO REFUND THE DASNY INSURED REVENUE BONDS, SERIES 2004A.

BOND (C) DASNY (CUSIP# 64990BFE8)  
TO (I) TO REFUND A PORTION OF THE DASNY SERIES 2007A, SERIES 2008A, SERIES 2008B AND SERIES 2008C BONDS; AND (II) FINANCE OR REFERENCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2015A PROJECT, WHICH COVERS MULTIPLE FACILITIES ON CAMPUS.

BOND (D) DASNY (CUSIP# 64990CEC1)  
TO (I) FINANCE OR REFERENCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2016 PROJECT, INCLUDING CAPITALIZED INTEREST THEREON AND (II) TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2016 BONDS.

BOND SET #3:

BOND (A) DASNY (CUSIP# 64990CC90)  
TO (I) FINANCE OR REFERENCE THE COST OF THE SERIES 2017 PROJECT (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) AND (III) TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2017A BONDS.

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

BOND (B) DASNY (CUSIP# 64990C7S4)

TO (I) FINANCE OR REFINANCE THE COST OF ACQUISITION, CONSTRUCTION, RECONSTRUCTION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF THE SERIES 2018 PROJECT, INCLUDING CAPITALIZED INTEREST THEREON AND (II) TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2018 BONDS.

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

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 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MARTIN DORPH	OFFICER	MORTGAGE		X	200,000.	4,000.		X	X		X	
ANDREW BROTMAN	EMPLOYEE	MORTGAGE		X	100,000.	100,000.		X	X		X	
<b>Total</b>						▶ \$ 104,000.						

**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
JOHN SAUNDERS (SON IN LAW)	TRUSTEE B. BERKLEY	394,011.	EMPLOYEE		X
R. SALK (DAUGHTER IN LAW)	FMR OFF R. BERNE	91,836.	EMPLOYEE		X
DR. MARCI LEVINE (SISTER)	TRUSTEE B. LEVINE	253,329.	EMPLOYEE		X
KATHERINE DORPH (DAUGHTER)	OFF. MARTIN DORPH	40,553.	EMPLOYEE		X
L. CHIARELLI (SPOUSE)	KEY EMP L CHIARELLI	148,934.	EMPLOYEE		X
ZVI BEN DOR (HUSBAND)	OFF. K. FLEMING	388,945.	EMPLOYEE		X
ELISABETH COHEN (SPOUSE)	KEY EMP R. GROSSMAN	380,189.	EMPLOYEE		X
LAURIE BROTMAN (SPOUSE)	KEY EMP A. BROTMAN	389,285.	EMPLOYEE		X
MAURA HOFSTADTER (DTR.)	KEY EMP T. CAREW	160,427.	EMPLOYEE		X
HARVEY DALE (SPOUSE)	FMR KE D. LAMORTE	228,588.	EMPLOYEE		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: MARGARET HOFSTADTER (GRANDDAUGHTER)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMP T. CAREW

(C) AMOUNT OF TRANSACTION \$ 36,044.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE C. MILSTEIN

(C) AMOUNT OF TRANSACTION \$ 3,573,861.

(D) DESCRIPTION OF TRANSACTION: LEASE SPACE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

MSC INDUSTRIAL DIRECT CO., INC. (CONTROLLED CORP.)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE M. JACOBSON

(C) AMOUNT OF TRANSACTION \$ 103,234.

**Part V** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: SUPPLIES

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE W. RUDIN

(C) AMOUNT OF TRANSACTION \$ 1,806,531.

(D) DESCRIPTION OF TRANSACTION: LEASE SPACE

(E) SHARING OF ORGANIZATION REVENUES? = NO



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2017**

Open To Public  
Inspection

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

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

<b>Part I</b> Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	103	1,430,330.	SEE SCHEDULE O
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		1,449,519.	SEE SCHEDULE O
5	Clothing and household goods	X		300,587.	SEE SCHEDULE O
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	433	35,011,477.	SEE SCHEDULE O
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	1	466,100.	SEE SCHEDULE O
18	Collectibles	X	1	50,000.	SEE SCHEDULE O
19	Food inventory	X	40	9,136.	SEE SCHEDULE O
20	Drugs and medical supplies	X	359	126,325.	SEE SCHEDULE O
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( OTHER MISC. )	X	714	20,862.	SEE SCHEDULE O
26	Other ( GAMING ITEMS )	X	532	6,035.	SEE SCHEDULE O
27	Other ( THEATER TKTS )	X	1	3,643.	SEE SCHEDULE O
28	Other ( EVENT PASSES )	X	12	2,391.	SEE SCHEDULE O

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **6**

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2017

**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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

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

TRANSMISSION OF YELLOW FEVER, BOTH CREATORS OF THE POLIO VACCINE, AND  
THE RESEARCHERS WHO FOUND THE LINKAGE BETWEEN KAPOSI'S SARCOMA AND  
IMMUNE DEFICIENCY IN A DISTINCT POPULATION OF GAY MEN (A KEY STEP IN  
IDENTIFYING AIDS), AMONG OTHER LEADERS IN MEDICINE. THROUGH AFFILIATION  
AGREEMENTS, THE DOCTORS AND STUDENTS AT NYU SCHOOL OF MEDICINE PLAY A  
CRUCIAL ROLE IN ENSURING TOP QUALITY CARE NOT ONLY AT NYU LANGONE  
HEALTH, BUT ALSO AT THE MANHATTAN VA HOSPITAL AND BELLEVUE HOSPITAL  
(ARGUABLY THE FOREMOST PUBLIC HOSPITAL IN THE U.S.). THE NYU COLLEGE OF  
DENTISTRY, THE LARGEST DENTAL SCHOOL IN THE U.S. AND MOST COMPREHENSIVE  
ORAL HEALTH CENTER IN THE WORLD, CARES FOR SOME 50,000 POOR AND LOW  
INCOME NEW YORKERS EACH YEAR, OPERATES A MOBILE DENTAL CARE PROGRAM  
WHICH TRAVELS TO UNDERSERVED AREAS OF NEW YORK STATE, AND HAS  
ESTABLISHED A PROFESSION-LEADING CENTER TO SERVE THE ORAL HEALTH NEEDS  
OF THOSE WITH DISABILITIES. IN ADDITION, NYU HAS A COLLEGE OF GLOBAL  
PUBLIC HEALTH, AND NYU'S RORY MEYERS COLLEGE OF NURSING PROVIDES  
UNDERGRADUATE AND GRADUATE EDUCATION FOR OVER 1,400 NURSING STUDENTS.

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

LEADING PROGRAMS IN ECONOMICS, MATHEMATICS (AND PARTICULARLY APPLIED  
MATHEMATICS), NEUROSCIENCE, GENOMICS, SOFT CONDENSED MATTER PHYSICS,  
SOCIOLOGY, PHILOSOPHY, THE LAW, MEDICINE AND BIO-MEDICAL SCIENCES, THE  
CINEMATIC AND PERFORMING ARTS, AND BUSINESS AND FINANCE, AMONG MANY  
OTHER SCHOLARLY FIELDS.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

OF PLANT.

EXP. \$ 744,171,698. INCL GRANTS OF \$ 11,181,930. REVENUE \$ 760,953,242.

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

UNITED ARAB EMIRATES, ARGENTINA, AUSTRALIA, BERMUDA,

CHINA, CAYMAN ISLANDS, IRELAND, CZECH REPUBLIC,

FRANCE, GHANA, GERMANY, ISRAEL,

ITALY, MAURITIUS, SPAIN, UNITED KINGDOM,

BRITISH VIRGIN IS, AFGHANISTAN, CYPRUS, JERSEY,

SINGAPORE, IRAN, PANAMA

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

1) LARRY SILVERSTEIN (TRUSTEE) AND LISA SILVERSTEIN (TRUSTEE) HAD A FAMILY

RELATIONSHIP DURING THE YEAR ENDED AUGUST 31, 2018.

FORM 990, PART VI, SECTION A, LINE 5:

THE UNIVERSITY RECEIVED A FRAUDULENT INVOICE. PAYMENT OF \$2,600,375 WAS

MADE IN CONNECTION WITH THIS FRAUDULENT INVOICE AND IMMEDIATELY RECOVERED.

ADDITIONAL CONTROLS WERE IMPLEMENTED TO PREVENT A RECURRENCE OF THIS ISSUE.

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

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

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

PURSUANT TO NY LAW.

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

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

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

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

PURSUANT TO NY LAW.

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

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

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

PURSUANT TO NY LAW.

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

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

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

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

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

GENERAL COUNSEL.

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

COMMITTEE FOR REVIEW.

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

5. THE COMPENSATION COMMITTEE OF BOARD OF TRUSTEES REVIEWED THE

COMPENSATION SECTIONS OF THE FORM 990.

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

THE IRS.

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

THE OFFICE OF GENERAL COUNSEL ANNUALLY SENDS OUT CONFLICT OF INTEREST

QUESTIONNAIRES TO OFFICERS, TRUSTEES AND KEY EMPLOYEES, REVIEWS COMPLETED

QUESTIONNAIRES AND CONSULTS WITH THOSE COMPLETING FORMS AS APPROPRIATE. IN

ADDITION, QUESTIONS ARISE PERIODICALLY THROUGHOUT THE YEAR AND ARE HANDLED

BY THE OFFICE OF GENERAL COUNSEL AS APPROPRIATE.

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

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

THE PROPOSED COMPENSATION OF OFFICERS, TRUSTEES, KEY EMPLOYEES,  
DISQUALIFIED PERSONS AND CERTAIN OTHERS (EXCEPT THE PRESIDENT) IS REVIEWED  
ANNUALLY BY AN OUTSIDE CONSULTING FIRM AND THAT FIRM'S ANALYSIS IS  
PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD FOR ITS REVIEW AND  
APPROVAL. WHEN IT IS PROPOSED TO CHANGE THE COMPENSATION OF THE PRESIDENT,  
THE BOARD CHAIRMAN ENGAGES A COMPENSATION CONSULTANT TO PREPARE A CUSTOM  
SURVEY FOR CONSIDERATION BY THE COMPENSATION COMMITTEE OF THE BOARD, WHICH  
THEN SETS HIS COMPENSATION.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGE IN NET ASSETS 28,598,608.

FORM 990 PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

OTHER CHANGE IN NET ASSETS (LINE 9) AS REFLECTED ON PART XI,  
RECONCILIATION OF NET ASSETS, IS RELATED TO THE FACT THAT SEVERAL NYU  
AFFILIATES WERE DISSOLVED DURING FY18 AND THE NET ASSET BALANCES WERE  
TRANSFERRED TO NYU.

FORM 990, PART XII, LINE 2C

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

Name of the organization

NEW YORK UNIVERSITY

Employer identification number

13-5562308

PROCESS SINCE PRIOR YEAR.

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

NYU IS RECOGNIZED BOTH NATIONALLY AND INTERNATIONALLY AS A LEADER IN

SCHOLARSHIP AND IS A MEMBER OF THE DISTINGUISHED ASSOCIATION OF

AMERICAN UNIVERSITIES. THE UNIVERSITY'S SCHOOLS AND INSTITUTES, EACH

WITH ITS OWN TRADITIONS, PROGRAMS AND FACULTY, ARE (IN ORDER OF

FOUNDING DATE): COLLEGE OF ARTS AND SCIENCE, SCHOOL OF LAW, SCHOOL OF

MEDICINE, COLLEGE OF DENTISTRY, GRADUATE SCHOOL OF ARTS AND SCIENCE,

STEINHARDT SCHOOL OF CULTURE EDUCATION AND HUMAN DEVELOPMENT, LEONARD

N. STERN SCHOOL OF BUSINESS, COURANT INSTITUTE OF MATHEMATICAL

SCIENCES, SCHOOL OF PROFESSIONAL STUDIES, INSTITUTE OF FINE ARTS,

ROBERT F. WAGNER GRADUATE SCHOOL OF PUBLIC SERVICE, SILVER SCHOOL OF

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

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

THE STUDY OF THE ANCIENT WORLD, NYU ABU DHABI, THE TANDON SCHOOL OF

ENGINEERING, AND THE COLLEGE OF GLOBAL PUBLIC HEALTH. THE UNIVERSITY

ALSO OPERATES ACADEMIC PROGRAM SITES AND RESEARCH PROGRAMS IN OTHER

PARTS OF THE UNITED STATES AND ABROAD. IN ADDITION TO THE COLLEGES AND

DIVISIONS, NYU OPERATES NYU SHANGHAI, WHICH GRANTS NYU DEGREES, AS A

JOINT VENTURE WITH EAST CHINA NORMAL UNIVERSITY.

SCHEDULE M-PART I COLUMN (D)

THE VALUATION RECORDED IN THE UNIVERSITY'S FUNDRAISING SYSTEM IS

USUALLY BASED UPON THE PROFESSIONAL APPRAISAL SUBMITTED WITH THE GIFT.

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

A NOMINAL VALUE OF \$2 IS RECORDED.

Name of the organization NEW YORK UNIVERSITY	Employer identification number 13-5562308
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## PART VIII, LINE 12, COLUMN (C)

TOTAL UNRELATED BUSINESS REVENUE PER PART VIII IS \$2,135,025. TOTAL

UNRELATED BUSINESS INCOME PER LINE 13 OF THE 990-T IS \$12,695,333. THE

DIFFERENCE OF \$10,560,308 IS DUE TO THE QUALIFIED TRANSPORTATION FRINGE

BENEFITS THAT IS NOT BEING INCLUDED IN REVENUE ON PART VIII.



**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

► **Attach to Form 990.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NEW YORK UNIVERSITY

**Employer identification number**  
**13-5562308**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INSTITUTE OF FINE ARTS FOUNDATION - 23-7184242, 1 EAST 78TH STREET, NEW YORK, NY 10021	SUPPORT NYU'S INSTITUTE OF FINE ARTS	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY		X
NATIONAL CENTER ON PHILANTHROPY AND THE LAW - 13-3954405, 139 MACDOUGAL STREET, 1ST FLOOR, NEW YORK, NY 10012	STUDY, RESEARCH, EDUCATION ON PHILANTHROPY & THE LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU SCHOOL OF LAW FOUNDATION		X
NYU SCHOOL OF BUSINESS FOUNDATION INC. - 13-4168015, C/O KAUFMAN MGMT. CENTER-44 WEST 4TH ST 11-160, NEW YORK, NY 10022	SUPPORT NYU'S L.N. STERN SCHOOL OF BUSINESS	NEW YORK	501(C)(3)	LINE 7	NEW YORK UNIVERSITY		X
NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION - 13-6161036, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501(C)(3)	LINE 10	NEW YORK UNIVERSITY		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NYU IMAGING, INC. - 13-4000622							
545 FIRST AVENUE	PERFORMS MEDICAL						
NEW YORK, NY 10016	ACTIVITIES	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY		X
NYU SCHOOL OF LAW FACULTY RETENTION							
ASSISTANCE CORPORATION - 13-4047911, 110	SUPPORT NYU'S SCHOOL OF						
WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION		X
NYU SCHOOL OF LAW HOUSING ASSISTANCE CORP. -							
13-4043221, 110 WEST 3RD STREET, 2ND FL, NEW	SUPPORT NYU'S SCHOOL OF						
YORK, NY 10012	LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION		X
NYU SCHOOL OF LAW RECRUITMENT ASSISTANCE							
CORPORATION - 13-4043182, 110 WEST 3RD	SUPPORT NYU'S SCHOOL OF						
STREET, 2ND FL, NEW YORK, NY 10012	LAW	NEW YORK	501(C)(3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION		X
HAROLD ACTON TRUST - 13-7050560							
105 EAST 17TH STREET, 2ND FL	SUPPORT OF NYU'S CAMPUS IN						
NEW YORK, NY 10003	FLORENCE, ITALY	NEW YORK	501(C)(3)	LINE 12C, III-FI	NEW YORK UNIVERSITY		X
WASHINGTON SQUARE LEGAL SERVICES, INC. -	CERTAIN PUBLIC INTEREST						
23-7392120, 110 WEST 3RD STREET, 2ND FL, NEW	ACTIVITIES OF NYU'S SCHOOL						
YORK, NY 10012	OF LAW	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY		X
NYU IN ABU DHABI CORP - 26-2652713							
C/O NYU - 105 EAST 17TH STREET, 2ND FLOOR	SUPPORTS NYU'S CAMPUS IN						
NEW YORK, ABU DHABI, UNITED ARAB EMIRATES	ABU DHABI	NEW YORK	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY		X
HORTENSE ACTON TRUST - 36-7110976							
P.O BOX 1802	SUPPORT NYU'S CAMPUS IN						
PROVIDENCE, RI 02901-1802	FLORENCE, ITALY	ILLINOIS	501(C)(3)	PF	NEW YORK UNIVERSITY		X
NYU LANGONE HOSPITALS - 13-3971298							
550 FIRST AVENUE							
NEW YORK, NY 10016	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	NYU LANGONE HEALTH SYSTEM		X
34TH STREET CANCER CENTER, INC - 30-0262470							
160 EAST 34TH STREET							
NEW YORK, NY 10016	CANCER CARE	NEW YORK	501(C)(3)	LINE 12C, III-FI	NYU LANGONE HOSPITALS		X
NYU IN LONDON - 98-1074101							
6 BEDFORD SQUARE	SUPPORT NYU'S PROGRAM IN						
, LONDON, UNITED KINGDOM WC1B 3RA	LONDON	UNITED KINGDOM			NEW YORK UNIVERSITY		X
NYU IN TEL-AVIV LTD. - 98-1058326							
TUVAL 13	SUPPORT NYU'S PROGRAM IN						
, RAMAT GAN, ISRAEL 52522	TEL-AVIV	ISRAEL			NEW YORK UNIVERSITY		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
NEW YORK UNIVERSITY IN FRANCE - 98-1058568	SUPPORTS NYU'S PROGRAM IN FRANCE	FRANCE			NEW YORK UNIVERSITY		X
56, RUE DE PASSY , PARIS, FRANCE 75016							
NYU LANGONE HEALTH SYSTEM - 47-2613531	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12B, II	NEW YORK UNIVERSITY		X
550 FIRST AVENUE							
NEW YORK, NY 10016							
NEW YORK UNIVERSITY IN AFGHANISTAN	SUPPORTS NYU'S ACTIVITIES IN AFGHANISTAN	AFGHANISTAN			NEW YORK UNIVERSITY		X
150 MASJID E HAJI ABDURRAHIM STREE CHAWK E D KABUL, AFGHANISTAN							
COMMUNITY CARE ORGANIZATION, INC. -							
11-3001682, 246 55TH STREET, BROOKLYN, NY 11220	HOME HEALTH	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
HARBOR HILL HOUSING DEVELOPMENT FUND							
CORPORATION - 11-3152691, 150 55TH STREET, BROOKLYN, NY 11220	HOUSING	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
LUTHERAN AUGUSTANA CENTER FOR EXTENDED CARE AND REHABILITATION, INC. - 11-2, 5434 2ND AVE, BROOKLYN, NY 11220	EXTENDED CARE	NEW YORK	501(C)(3)		NYU LANGONE HEALTH SYSTEM		X
LUTHERAN CHHA, INC. D/B/A LUTHERAN CARE AT HOME - 46-2559181, 5407 SECOND AVENUE, BROOKLYN, NY 11220	HOME HEALTH AIDE AGENCY	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
OHP PHSP INC. - 11-3245559							
5800 3RD AVE							
BROOKLYN, NY 11220	INSURANCE	NEW YORK	501(C)(4)		NYU LANGONE HOSPITALS		X
SHORE HILL HOUSING COMPANY, INC. -							
23-7405105, 9000 SHORE RD, BROOKLYN, NY 11209	HOUSING	NEW YORK	501(C)(3)	PF	NYU LANGONE HEALTH SYSTEM		X
SUNSET BAY COMMUNITY SERVICES, INC. -							
11-2439925, 150 55TH STREET, BROOKLYN, NY 11220	DAY CARE & SENIOR SERVICES	NEW YORK	501(C)(3)	LINE 7	NYU LANGONE HEALTH SYSTEM		X
SUNSET GARDENS HOUSING CORP. - 20-3461755							
150 55TH ST							
BROOKLYN, NY 11220	HOUSING	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
NYU LANGONE IPA, INC. - 36-4841069							
550 FIRST AVENUE	IPA OPERATING A MEDICAID						
NEW YORK, NY 10016	SHARED SAVINGS PROGRAM	NEW YORK	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CCC 550 INSURANCE SCC									
550 FIRST AVENUE	EXCESS PROF. LIAB. INSURANCE	BARBADOS	NYU HOSPITALS CENTER	C CORP	54,687,000.	560,446,000.	100.00%	X	
NEW YORK, NY 10016									
LA PIETRA SRL	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	ITALY	INTERNATIONAL ART FUND	C CORP	2,603,781.	27,827,194.	100.00%	X	
VIA BOLOGNESE, 120									
FIRENZE, ITALY 50139									
NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO., LTD., 3663 ZHONG SHAN BEI RD, SCIENCE BUILDING, 3RD FLOOR, SHANGHAI, POOLED INCOME FUNDS (2)	SUPPORTS NYU'S PROGRAM IN CHINA	CHINA	NEW YORK UNIVERSITY	C CORP	154,196.	498,785.	100.00%	X	
C/O NYU, 105 E.17TH STREET, 2ND FL									
NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	TRUST					X
CHARITABLE REMAINDER TRUSTS (6)									
C/O NYU, 105 E.17TH STREET, 2ND FL									
NEW YORK, NY 10003		NY	NEW YORK UNIVERSITY	TRUST					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHORE HILL HOUSING ASSOCIATES GP, INC. - 26-2243695, 150 55TH STREET, BROOKLYN, NY 11220	HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
A CIPOLLA MEDICAL SERVICES, PC - 45-3526582 1350 DEER PARK AVENUE DEER PARK, NY 11703	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ADVANCED ORTHOPAEDIC SPECIALISTS, PC - 45-4006349, 601 FRANKLIN AVENUE, SUITE 215, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
BLINDERMAN & KING MEDICAL, PC - 45-5293929 700 HICKSVILLE ROAD, SUITE 205 BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
CARDIOVASCULAR MEDICAL ASSOCIATES, PC - 27-3629386, 975 STEWART AVENUE, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
EAST END CARDIOLOGY, PC - 26-4314694 1279 EAST MAIN STREET RIVERHEAD, NY 11901	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
GC ONCOLOGY SERVICES, PC - 45-3816291 520 FRANKLIN AVENUE GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
HICKSVILLE INTERNAL MEDICINE, PC - 45-3916476, 43 BARTER LANE, HICKSVILLE, NY 11801	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ISLAND ORTHOPAEDIC MEDICINE, PC - 45-3555961 700 HICKSVILLE ROAD, SUITE 205 BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ISLAND PULMONARY ASSOCIATES, PC - 27-3630095 4271 HEMPSTEAD TURNPIKE BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ISLAND WIDE MEDICAL ASSOCIATES, PC - 26-3200412, 1401 FRANKLIN AVENUE, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
GREENPORT PRIMARY MEDICAL CARE, PC - 45-2789485, 234 4TH AVENUE, GREENPORT, NY 11944	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PATCHOGUE CARDIOLOGY ASSOCIATES, PC - 45-0914891, 285 SILLS ROAD, BLDG. 14, EAST PATCHOGUE, NY 11772	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
PETER KELT, MD, PC - 45-3515316 44 SOUTH FERRY ROAD SHELTER ISLAND, NY 11964	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
PISCIOOTTO AND PISCIOOTTO MEDICAL PC - 45-4134328, 6835 MYRTLE AVENUE, GLENDALE, NY 11385	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
PLAINVIEW INTERNAL MEDICINE, PC - 45-4168609 1097 OLD COUNTRY ROAD PLAINVIEW, NY 11803	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
RICHARD I. ROBERTS, MD, PC - 45-3785015 600 NORTHERN BLVD., SUITE 106 GREAT NECK, NY 11021	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ROBERT MUCCIOLO, MD, PC - 45-3613330 20 HICKSVILLE ROAD, SUITE 3 MASSAPEQUA, NY 11758	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SHOREHAM MEDICAL SERVICES, PC - 90-0759703 45 ROUTE 25A SHOREHAM, NY 11786	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SOUTH SHORE CARDIOVASCULAR MEDICINE, PC - 80-0563176, 137 BROADWAY, SUITE A, AMITYVILLE, NY 11701	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SSH CARDIOLOGY, PC - 45-3276278 242 MERRICK ROAD, SUITE 402 ROCKVILLE CENTRE, NY 11570	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SUFFOLK CARDIOVASCULAR CONSULTANTS, PC - 80-0683996, 1920 DEER PARK AVENUE, SUITE 104, DEER PARK, NY 11729	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
VINCENT ANZALONE, PHYSICIAN PC - 45-2506789 847 BROADWAY MASSAPEQUA, NY 11758	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WILLIAM J. KORNRICH, MD, PC - 46-2275951 715 ROANOKE AVENUE RIVERHEAD, NY 11901	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WINTHROP CARDIOLOGY ASSOCIATES, PC - 11-3028843, 120 MINEOLA BOULEVARD, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP CHILD NEUROLOGY ASSOCIATES, PC - 20-5682886, 173 MINEOLA BOULEVARD, SUITE 101, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP DENTAL PC - 45-4055800 700 HICKSVILLE ROAD BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP FIRST CARE MEDICAL SERVICES, PC - 46-2271522, 259 FIRST STREET, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP GASTROENTEROLOGY PC - 11-3018561 222 STATION PLAZA NORTH, SUITE 428 MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP HOSPITALIST ASSOCIATES, PC - 46-0617556, 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP HYPERBARIC AND WOUND CARE, PC - 26-0448673, 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP INFECTIOUS DISEASE ASSOCIATES, UPPC - 45-2440032, 222 STATION PLAZA, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP INTERNAL MEDICINE ASSOCIATES, PC - 11-2741804, 222 STATION PLAZA, SUITE 306, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP NEPHROLOGY ASSOCIATES, PC - 26-1208176, 200 OLD COUNTRY ROAD, SUITE 140, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP NEURO-SCIENCE MEDICAL PC - 45-5398689, 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP ORTHOPAEDIC ASSOCIATES PC - 14-1882259, 1300 FRANKLIN AVENUE, SUITE UL3A, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WINTHROP PATHOLOGY SERVICES PC - 20-8734460 259 FIRST STREET MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PEDIATRIC ASSOCIATES PC - 11-2891904, 222 STATION PLAZA, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PHYSICAL THERAPY, PLLC - 26-2476432 700 HICKSVILLE ROAD, SUITE 205 BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PULMONARY ASSOCIATES, PC - 11-2941756, 222 STATION PLAZA NORTH, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP SURGICAL ASSOCIATES, PC - 65-1173675, 120 MINEOLA BOULEVARD, SUITE 320, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP UROLOGY PC - 45-4440389 1300 FRANKLIN AVENUE GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WOMEN'S CONTEMPORARY CARE ASSOCIATES, PC - 11-2707087, 120 MINEOLA BOULEVARD, SUITE 100, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP RADIOLOGY SERVICES, PC - 11-3016374 121 MINEOLA BOULEVARD MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL GROUP OF MINEOLA, PC - 81-1000704 222 STATION PLAZA MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP CLINICAL PARTNERS, INC. - 45-4088169, 259 FIRST STREET, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ADVANCED NEUROLOGICAL SERVICES OF LONG ISLAND - 45-4171642, 880 NORTH BROADWAY, MASSAPEQUA, NY 11758	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP IPA - 45-4951888 700 HICKSVILLE ROAD BETHPAGE, NY 11714	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X



**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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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 (as)	(c) Amount involved	(d) Method of determining amount involved
(1) INSTITUTE OF FINE ARTS FOUNDATION	C	533,947.	FAIR MARKET VALUE
(2) LA PIETRA SRL	J	1,269,896.	FAIR MARKET VALUE
(3) LA PIETRA SRL	M	931,959.	FAIR MARKET VALUE
(4) LA PIETRA SRL	N	298,084.	FAIR MARKET VALUE
(5) LA PIETRA SRL	P	219,383.	FAIR MARKET VALUE
(6) NATIONAL CENTER ON PHILANTHROPY AND THE LAW, INC	B	290,000.	FAIR MARKET VALUE

91

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION	B	10,363,170.	FAIR MARKET VALUE
(8) NYU HOSPITALS CENTER	Q	810,917,054.	FAIR MARKET VALUE
(9) NYU HOSPITALS CENTER	P	673,876.	FAIR MARKET VALUE
(10) NYU IN FRANCE	R	13,552,022.	FAIR MARKET VALUE
(11) NYU IN LONDON	R	7,740,529.	FAIR MARKET VALUE
(12) NYU IN TEL AVIV LTD.	P	1,787,162.	FAIR MARKET VALUE
(13) SIR HAROLD ACTON CHARITABLE TRUST	C	924,402.	FAIR MARKET VALUE
(14) WASHINGTON SQUARE LEGAL SERVICES	P	97,133.	FAIR MARKET VALUE
(15) HORTENSE ACTON CHARITABLE TRUST	C	1,101,437.	FAIR MARKET VALUE
(16) NYU HOSPITALS CENTER	O	2,763,474.	FAIR MARKET VALUE
(17) NEW YORK UNIVERSITY VEBA TRUST	R	10,487,800.	FAIR MARKET VALUE
(18) NEW YORK UNIVERSITY SCHOOL OF BUSINESS FOUNDATION INC.	C	15,533,112.	FAIR MARKET VALUE
(19) NYU HOSPITALS CENTER	I	139,063,000.	FAIR MARKET VALUE
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII. Supplemental Information.**

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

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

NYU IN ABU DHABI CORP

EIN: 26-2652713

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

NEW YORK, ABU DHABI, UNITED ARAB EMIRATES 10003

**NAME OF RELATED ORGANIZATION:**

NYU LANGONE LONG ISLAND MSO, INC.

DIRECT CONTROLLING ENTITY: NEW YORK UNIVERSITY

**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.

3663 ZHONG SHAN BEI RD, SCIENCE BUILDING, 3RD FLOOR

SHANGHAI, CHINA 200062