

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2017

**Open to Public Inspection**

**A** For the **2017** calendar year, or tax year beginning **07/01, 2017**, and ending **06/30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FORDHAM UNIVERSITY			<b>D</b> Employer identification number 13-1740451
	Doing Business As			<b>E</b> Telephone number (718) 817-1000
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 1,122,632,194.
	441 E. FORDHAM ROAD, FMH 512			
City or town, state or province, country, and ZIP or foreign postal code BRONX, NY 10458-5170			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: JOSEPH M MCSHANE, S.J. 441 E. FORDHAM ROAD BRONX, NY 10458-5170			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: WWW.FORDHAM.EDU			If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1841		<b>M</b> State of legal domicile: NY	
<b>H(c)</b> Group exemption number ▶				

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGHEST QUALITY EDUCATION TO UNDERGRADUATE AND GRADUATE STUDENTS, IN THE JESUIT TRADITION.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 39.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 34.
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> 7,623.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 2,112.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> -4,042,121.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -4,051,428.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 87,458,714. <b>Current Year</b> 72,470,418.
	<b>9</b> Program service revenue (Part VIII, line 2g)	722,871,200. 770,352,817.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,596,148. 30,444,741.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-182,161. 134,296.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	836,743,901. 873,402,272.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	206,801,137. 222,503,978.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	367,408,792. 379,046,173.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	365,509. 385,322.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,672,925.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	225,934,145. 251,309,208.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	800,509,583. 853,244,681.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	36,234,318. 20,157,591.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 1,908,507,983. <b>End of Year</b> 1,960,346,078.
	<b>21</b> Total liabilities (Part X, line 26)	617,056,869. 629,326,015.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	1,291,451,114. 1,331,020,063.

**COPY FOR PUBLIC INSPECTION**

## 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.

<b>Sign Here</b>	Signature of officer	05/08/2019		
	MARTHA K. HIRST Type or print name and title	Date SR VP, CFO&TREAS		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MARILYN FARLEY	<i>Marilyn Farley</i>	05/07/2019	<input type="checkbox"/> P01231880
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 212-758-9700
Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  FORDHAM UNIVERSITY	Employer identification number (EIN) or  13-1740451
	Number, street, and room or suite no. If a P.O. box, see instructions. 441 E. FORDHAM ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRONX, NY 10458	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NICHOLAS MILOWSKI

- The books are in the care of ▶ FORDHAM UNIVERSITY, 441 E FORDHAM RD BRONX NY 10458

Telephone No. ▶ 718 8171000 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 07/01, 2017, and ending 06/30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

FORDHAM UNIVERSITY, THE JESUIT UNIVERSITY OF NEW YORK, IS COMMITTED TO THE DISCOVERY OF WISDOM AND THE TRANSMISSION OF LEARNING, THROUGH RESEARCH AND THROUGH EDUCATION OF THE HIGHEST QUALITY. FOR MORE INFORMATION, SEE 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 \$ 662,857,199. including grants of \$ 222,503,978. ) (Revenue \$ 681,875,041. )

HIGHER EDUCATION

FORDHAM UNIVERSITY IS AN INDEPENDENT, NOT-FOR-PROFIT, COEDUCATIONAL, INSTITUTION OF HIGHER LEARNING, IN THE JESUIT TRADITION, WITH ITS PRINCIPAL CAMPUSES LOCATED IN NEW YORK CITY. FORDHAM UNIVERSITY SERVES AND EDUCATES APPROXIMATELY 9,600 UNDERGRADUATE STUDENTS AND 6,400 GRADUATE AND PROFESSIONAL STUDENTS. FOR MORE INFORMATION, SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 91,632,905. including grants of \$ ) (Revenue \$ 87,028,657. )

AUXILIARY ENTERPRISES

THE UNIVERSITY PROVIDES VARIOUS SERVICES FOR THE BENEFIT OF ITS STUDENTS, FACULTY AND STAFF AND IN SUPPORT OF EDUCATIONAL ACTIVITIES. THE MORE SIGNIFICANT AUXILIARY SERVICES INCLUDE STUDENT HOUSING AND FOOD SERVICE.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 754,490,104.

**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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<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> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X
<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> (see instructions). . . . .	X	
<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> . . . . .	X	
<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> . . . . .		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	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? <i>If "Yes," complete Schedule J.</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .	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> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

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

Table with 3 columns: Question, Yes, No. Rows include 1a (39), 1b (34), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
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.
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: NICHOLAS MILOWSKI FORDHAM UNIVERSITY, 441 E FORDHAM RD BRONX, NY 10458 718-817-1000

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH M. MCSHANE S.J. PRESIDENT & TRUSTEE	35.00 0.	X		X				0.	0.	0.
(2) DONALD ALMEIDA TRUSTEE	1.00 0.	X						0.	0.	0.
(3) SALLY J. BELLET TRUSTEE	1.00 0.	X						0.	0.	0.
(4) DARRYL EMERSON BROWN TRUSTEE	1.00 0.	X						0.	0.	0.
(5) JAMES S. BROWN TRUSTEE	1.00 0.	X						0.	0.	0.
(6) VINCENT R. CAPPUCCI TRUSTEE	1.00 0.	X						0.	0.	0.
(7) DONNA M. CARROLL TRUSTEE	1.00 0.	X						0.	0.	0.
(8) MICHAEL J. COSGROVE TRUSTEE	1.00 0.	X						0.	0.	0.
(9) GERALD C. CROTTY TRUSTEE	1.00 0.	X						0.	0.	0.
(10) CAROLYN DURSI CUNNIFFE TRUSTEE	1.00 0.	X						0.	0.	0.
(11) ROBERT D. DALEO TRUSTEE & CHAIR	1.00 0.	X		X				0.	0.	0.
(12) CAROLYN N. DOLAN TRUSTEE	1.00 0.	X						0.	0.	0.
(13) CHRISTOPHER F. FITZMAURICE TRUSTEE	1.00 0.	X						0.	0.	0.
(14) JAMES P. FLAHERTY TRUSTEE	1.00 0.	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
15) MARYANNE GILMARTIN TRUSTEE (END 4/18)	1.00 0.	X						0.	0.	0.
16) HONORA AHERN GROSE TRUSTEE & VICE CHAIR	1.00 0.	X		X				0.	0.	0.
17) PATRICIA HELLER TRUSTEE	1.00 0.	X						0.	0.	0.
18) DEBORAH HIRSCH TRUSTEE	1.00 0.	X						0.	0.	0.
19) JAMES J. HOULIHAN TRUSTEE	1.00 0.	X						0.	0.	0.
20) DARLENE LUCCIO JORDAN TRUSTEE	1.00 0.	X						0.	0.	0.
21) SUSHEEL KIRPALANI TRUSTEE (START 07/17)	1.00 0.	X						0.	0.	0.
22) BRIAN W. MACLEAN TRUSTEE	1.00 0.	X						0.	0.	0.
23) J. THOMAS MCCLAIN, S.J. TRUSTEE	1.00 0.	X						0.	0.	0.
24) SYLVESTER MCCLEARN TRUSTEE	1.00 0.	X						0.	0.	0.
25) STEPHEN J. MCGUINNESS TRUSTEE	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								7,332,427.	0.	1,043,598.
<b>d Total (add lines 1b and 1c)</b>								7,332,427.	0.	1,043,598.

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 **766**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **265**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) HENRY S. MILLER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 27) JAMES J. MIRACKY, S.J. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 28) ARMANDO NUNEZ, JR. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 29) JOSEPH P. PARKES, S.J. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 30) GEORGE QUICKLEY, S.J. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 31) THOMAS J. REGAN, S.J. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 32) DENNIS G. RUPPEL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 33) LUIS E. SAN MIGUEL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 34) SUSAN CONLEY SALICE ----- TRUSTEE (START 07/17)	1.00 ----- 0.	X						0.	0.	0.
( 35) THOMAS SCIRGHI, S.J. ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 36) EDWARD M. STROZ ----- TRUSTEE & VICE CHAIR	1.00 ----- 0.	X		X				0.	0.	0.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 766

	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? <i>If "Yes," complete Schedule J for such individual</i> .....	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? <i>If "Yes," complete Schedule J for such individual</i> .....	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? <i>If "Yes," complete Schedule J for such person</i> .....		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) EILEEN FITZGERALD SUDLER TRUSTEE	1.00 0.	X					0.	0.	0.	
( 38) MARY ANNE SULLIVAN TRUSTEE	1.00 0.	X					0.	0.	0.	
( 39) WILLIAM J. TOPPETA TRUSTEE	1.00 0.	X					0.	0.	0.	
( 40) JOHN M. ZIZZO TRUSTEE	1.00 0.	X					0.	0.	0.	
( 41) MARGARET BALL SECRETARY OF THE UNIVERSITY	35.00 0.			X			186,116.	0.	21,161.	
( 42) BRIAN BYRNE VP FOR LINCOLN CENTER	35.00 0.			X			332,286.	0.	67,401.	
( 43) THOMAS A. DUNNE VP FOR ADMINISTRATION	35.00 0.			X			403,879.	0.	69,186.	
( 44) STEPHEN FREEDMAN PROVOST (DECEASED 7/18)	35.00 0.			X			531,447.	0.	67,583.	
( 45) JEFFREY GRAY SVP OF STUDENT AFFAIRS	35.00 0.			X			377,984.	0.	90,870.	
( 46) MARTHA K. HIRST SR VP, CFO & TREASURER	35.00 0.			X			539,470.	0.	21,555.	
( 47) MICHAEL C. MCCARTHY S.J. VP MISSION INTERGRA & PLANNING	35.00 0.			X			0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 766

	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) ROGER MILICI VP FOR DEV AND UNIV RELATIONS	35.00 0.			X			399,742.	0.	30,615.	
( 49) NICHOLAS MILOWSKI VP FOR FINANCE	35.00 0.			X			336,459.	0.	56,236.	
( 50) FRANK SIRIANNI VP FOR TECHNOLOGY AND CIO	35.00 0.			X			357,872.	0.	69,207.	
( 51) PETER STACE VP FOR ENROLLMENT	35.00 0.			X			387,427.	0.	67,172.	
( 52) KAY TURNER (START 09/17) VP FOR HUMAN RESOURCES	35.00 0.			X			76,545.	0.	12,017.	
( 53) MARCO VALERA VP FOR FACILITIES MGMT	35.00 0.			X			358,625.	0.	66,523.	
( 54) MATTHEW DILLER DEAN	35.00 0.					X	470,398.	0.	69,116.	
( 55) IFTEKHAR HASAN PROFESSOR	35.00 0.					X	494,162.	0.	66,883.	
( 56) JEFFREY M. NEUBAUER MEN'S BASKETBALL COACH	35.00 0.					X	608,808.	0.	67,380.	
( 57) DONNA RAPPACCIOLI DEAN	35.00 0.					X	653,031.	0.	67,479.	
( 58) BENJAMIN ZIPURSKY PROFESSOR	35.00 0.					X	444,385.	0.	65,735.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 766

	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for FRANK SIMIO.

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 766

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row is present, data rows are empty.

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

**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>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,707,917.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	16,147,705.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	54,614,796.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,025,694.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			72,470,418.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b> TUITION AND FEES			611600	672,579,391.	672,579,391.			
<b>b</b> AUXILIARY ENTERPRISES			611710	88,477,776.	87,028,657.		1,449,119.	
<b>c</b> ATHLETIC AND SUMMER PROGRAMS			611710	3,759,914.	3,759,914.			
<b>d</b> FEES FOR EDUCATIONAL SERVICES			611600	2,183,152.	2,183,152.			
<b>e</b> FACILITIES RENTAL			611710	930,611.	930,611.			
<b>f</b> All other program service revenue . . . . .				2,421,973.	2,421,973.			
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				770,352,817.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			8,089,679.		-4,199,102.	12,288,781.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			80,733.			80,733.	
	<b>5</b> Royalties . . . . . ▶			202,932.			202,932.	
	<b>6a</b> Gross rents . . . . .	(i) Real	668,474.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .	668,474.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			668,474.			668,474.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	270,378,542.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	248,104,213.					
		<b>c</b> Gain or (loss) . . . . .	22,274,329.					
	<b>d</b> Net gain or (loss) . . . . . ▶			22,274,329.			22,274,329.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,707,917.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		231,618.					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>	1,125,709.					
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				-894,091.			-894,091.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>								
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.				
Miscellaneous Revenue				<b>Business Code</b>				
<b>11a</b> PARKING INCOME - OPEN TO PUBLIC		812930	118,130.		118,130.			
	<b>b</b> TRAVEL TOURS	561500	38,851.		38,851.			
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			156,981.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			873,402,272.	768,903,698.	-4,042,121.	36,070,277.		

**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  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	543,259.	543,259.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	221,711,776.	221,711,776.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	248,943.	248,943.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,279,442.	2,325,473.	2,487,842.	466,127.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	139,019.	126,508.	9,731.	2,780.
<b>7</b> Other salaries and wages . . . . .	269,659,309.	231,184,780.	31,559,225.	6,915,304.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	19,899,410.	17,880,061.	1,705,877.	313,472.
<b>9</b> Other employee benefits . . . . .	65,821,593.	53,319,473.	9,548,573.	2,953,547.
<b>10</b> Payroll taxes . . . . .	18,247,400.	16,395,694.	1,564,258.	287,448.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	930,255.		930,255.	
<b>c</b> Accounting . . . . .	318,500.		318,500.	
<b>d</b> Lobbying . . . . .	64,228.		64,228.	
<b>e</b> Professional fundraising services. See Part IV, line 17.	385,322.			385,322.
<b>f</b> Investment management fees . . . . .	6,745,735.		6,745,735.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	10,733,795.	8,889,412.	1,701,948.	142,435.
<b>12</b> Advertising and promotion . . . . .	6,827,615.	6,005,258.	480,088.	342,269.
<b>13</b> Office expenses . . . . .	14,908,165.	12,415,158.	2,200,585.	292,422.
<b>14</b> Information technology . . . . .	10,984,666.	7,351,538.	3,632,979.	149.
<b>15</b> Royalties . . . . .	60,788.	46,260.	14,528.	
<b>16</b> Occupancy . . . . .	57,761,948.	49,056,179.	7,856,472.	849,297.
<b>17</b> Travel . . . . .	10,313,563.	9,564,385.	451,165.	298,013.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	12,532,028.	10,962,391.	848,984.	720,653.
<b>20</b> Interest . . . . .	16,690,987.	16,639,956.	51,031.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	56,425,686.	52,250,185.	2,877,709.	1,297,792.
<b>23</b> Insurance . . . . .	3,411,971.	1,013,544.	2,395,816.	2,611.
<b>24</b> 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.)				
<b>a</b> STUDENT MEAL COSTS	13,162,497.	13,162,497.		
<b>b</b> STUDENT EXCHANGE COSTS	6,700,243.	6,700,243.		
<b>c</b> VOLUNTARY SEPARATION BENEFIT	10,517,000.	5,982,340.	4,306,928.	227,732.
<b>d</b> LIBRARY MATERIALS	2,937,848.	2,937,848.		
<b>e</b> All other expenses	9,281,690.	7,776,943.	1,329,195.	175,552.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	853,244,681.	754,490,104.	83,081,652.	15,672,925.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	398,455.	<b>1</b>	12,392,230.
	<b>2</b> Savings and temporary cash investments . . . . .	73,684,737.	<b>2</b>	87,459,050.
	<b>3</b> Pledges and grants receivable, net . . . . .	65,952,842.	<b>3</b>	56,198,243.
	<b>4</b> Accounts receivable, net . . . . .	6,843,902.	<b>4</b>	9,197,896.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	11,260,478.	<b>7</b>	10,324,688.
	<b>8</b> Inventories for sale or use . . . . .	943,385.	<b>8</b>	900,661.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,005,436.	<b>9</b>	5,986,735.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1590823909.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 545,294,581.		
	<b>11</b> Investments - publicly traded securities . . . . .	1,063,245,156.	<b>10c</b>	1,045,529,328.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	65,118,721.	<b>11</b>	210,201,894.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	600,796,916.	<b>12</b>	505,402,642.
	<b>14</b> Intangible assets . . . . .	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>14</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,257,955.	<b>15</b>	16,752,711.	
	1,908,507,983.	<b>16</b>	1,960,346,078.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	73,486,224.	<b>17</b>	65,888,444.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	37,098,555.	<b>19</b>	53,859,999.
	<b>20</b> Tax-exempt bond liabilities . . . . .	427,536,619.	<b>20</b>	419,934,097.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	10,153,062.	<b>23</b>	7,696,604.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	68,782,409.	<b>25</b>	81,946,871.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	617,056,869.	<b>26</b>	629,326,015.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	663,489,391.	<b>27</b>	664,703,803.
	<b>28</b> Temporarily restricted net assets . . . . .	296,035,657.	<b>28</b>	313,352,525.
	<b>29</b> Permanently restricted net assets . . . . .	331,926,066.	<b>29</b>	352,963,735.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,291,451,114.	<b>33</b>	1,331,020,063.	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,908,507,983.	<b>34</b>	1,960,346,078.	



**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>	873,402,272.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	853,244,681.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	20,157,591.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,291,451,114.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,925,306.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,513,948.
<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>	1,331,020,063.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2017)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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

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

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

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017 (81.16%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (79.69%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

**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.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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 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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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 <b>Part VI</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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.	Yes	No
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> .		
<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 <b>Part VI</b> the role played by the organization in this regard.		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:                     \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> 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 <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . . .			
<b>b</b> Excess from 2014 . . . . .			
<b>c</b> Excess from 2015 . . . . .			
<b>d</b> Excess from 2016 . . . . .			
<b>e</b> Excess from 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.)

SCHEDULE A, PART II, LINE 10

OTHER INCOME:

LINE 10 INCLUDES OTHER PROGRAM REVENUE EXCLUDED FROM UNRELATED BUSINESS

TAXABLE INCOME.

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b> FORDHAM UNIVERSITY	<b>Employer identification number</b> 13-1740451
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **FORDHAM UNIVERSITY**

Employer identification number  
13-1740451

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 4,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FORDHAM UNIVERSITY**

Employer identification number

13-1740451

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **FORDHAM UNIVERSITY**

Employer identification number  
13-1740451

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**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 FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

**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.

<b>Limits on Lobbying Expenditures</b> (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.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
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					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 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."

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

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.

SEE PAGE 4



**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

LOBBYING ACTIVITIES:

AN INSUBSTANTIAL PART OF THE UNIVERSITY'S ACTIVITIES INCLUDED THOSE ATTEMPTING TO INFLUENCE LOCAL, STATE AND FEDERAL LEGISLATION, REGULATION, AND POLICY BENEFICIAL TO THE UNIVERSITY AND ITS STUDENTS.

LINE 1I

THE UNIVERSITY PAID MEMBERSHIP DUES TO FIVE ORGANIZATIONS, EACH OF WHICH ENGAGED IN SOME DEGREE OF LOBBYING ACTIVITY. TOTAL MEMBERSHIP DUES PAID DURING FISCAL YEAR 2018 (AND THE PORTIONS OF WHICH WERE ATTRIBUTED TO LOBBYING ACTIVITIES) WERE AS FOLLOWS:

THE COMMISSION OF INDEPENDENT COLLEGES AND UNIVERSITIES \$89,184 (\$5,520)

ASSOCIATION OF JESUIT COLLEGES AND UNIVERSITIES \$85,916 (\$4,296)

NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES \$15,750  
(\$1,103)

AMERICAN COUNCIL ON EDUCATION \$13,441 (\$282)

NATIONAL HUMANITIES ALLIANCE \$2,500 (\$750)

LOBBYING ACTIVITIES DO NOT CONSTITUTE A SUBSTANTIAL PORTION OF FORDHAM'S ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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.

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance	691,077,330.	622,086,306.	665,532,326.	675,054,225.	592,538,492.
<b>b</b> Contributions	23,836,007.	9,202,025.	18,161,977.	20,830,715.	34,025,623.
<b>c</b> Net investment earnings, gains, and losses	51,431,735.	92,820,000.	-27,474,815.	4,277,830.	73,098,615.
<b>d</b> Grants or scholarships	12,897,356.	10,699,974.	11,423,562.	8,509,736.	7,645,979.
<b>e</b> Other expenditures for facilities and programs	17,522,652.	16,715,781.	18,426,435.	20,954,173.	12,674,108.
<b>f</b> Administrative expenses	6,745,735.	5,615,246.	4,283,185.	5,166,535.	4,288,418.
<b>g</b> End of year balance	729,179,329.	691,077,330.	622,086,306.	665,532,326.	675,054,225.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  36.7000 %
  - b** Permanent endowment  41.9000 %
  - c** Temporarily restricted endowment  21.4000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> unrelated organizations  | X   |    |
| <b>(ii)</b> related organizations   |     | X  |
| <b>b</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
<b>1a</b> Land		11,907,246.		11,907,246.
<b>b</b> Buildings		1215980919.	344,518,792.	871,462,127.
<b>c</b> Leasehold improvements		3,063,707.	2,358,955.	704,752.
<b>d</b> Equipment		294,694,891.	184,383,147.	110,311,744.
<b>e</b> Other		65,177,146.	14,033,687.	51,143,459.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,045,529,328.

**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) NONPUBLIC EQUITY FUNDS	222,535,327.	FMV
(B) HEDGE FUNDS	125,656,654.	FMV
(C) PRIVATE CAPITAL FUNDS	35,244,480.	FMV
(D) PRIVATE REAL ASSET FUNDS	119,915,143.	FMV
(E) OTHER	2,051,038.	
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	505,402,642.	

**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> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(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) POST-RETIREMENT BENEFIT OBLIGATION	61,032,000.
(3) U.S. GOVT REFUNDABLE ADVANCES	4,851,327.
(4) AMOUNTS HELD ON BEHALF OF OTHERS	3,776,577.
(5) CAPITALIZED LEASE OBLIGATION	1,769,967.
(6) PROVISION FOR VOL SEP BENEFITS	10,517,000.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	81,946,871.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		669,325,464.
<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 . . . . .	23,925,306.	
<b>b</b>	Donated services and use of facilities . . . . .		
<b>c</b>	Recoveries of prior year grants . . . . .		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	-222,382,088.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		-198,456,782.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		867,782,246.
<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 . . . . .	6,745,735.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	-1,125,709.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		5,620,026.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		873,402,272.

**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 . . . . .		617,106,550.
<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>b</b>	Prior year adjustments . . . . .		
<b>c</b>	Other losses . . . . .		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	2,842,208.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		2,842,208.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		614,264,342.
<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 . . . . .	6,745,735.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	232,234,604.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		238,980,339.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		853,244,681.

**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.

SEE PAGE 5

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

COLLECTIONS:

THE UNIVERSITY'S MOST SIGNIFICANT COLLECTION IS EXHIBITED AT ITS MUSEUM OF GREEK, ETRUSCAN AND ROMAN ART. THE MUSEUM OCCUPIES 4,000 SQUARE FEET OF SPACE AND FEATURES MORE THAN 260 ANTIQUITIES DATING FROM THE 10TH CENTURY B.C. THROUGH THE 3RD CENTURY A.D. THE MUSEUM, ADMISSION TO WHICH IS FREE OF CHARGE, IS OPEN TO THE PUBLIC FOR BOTH EDUCATIONAL AND RESEARCH-RELATED PURPOSES.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS:

THE PURPOSE OF FORDHAM UNIVERSITY'S ENDOWMENT IS TO GENERATE INVESTMENT EARNINGS AS A SOURCE OF REVENUE TO SUPPORT FINANCIAL ASSISTANCE TO STUDENTS, FUND NEW AND CUTTING-EDGE PROGRAMS WHILE MAINTAINING AND IMPROVING EXISTING ONES, AND IMPROVE AND MAINTAIN THE CAMPUS TO MEET THE NEEDS OF THE UNIVERSITY COMMUNITY, AS RESTRICTED BY DONORS OR INTERNALLY DESIGNATED BY THE BOARD OF TRUSTEES.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

THE UNIVERSITY ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN ITS FINANCIAL STATEMENTS USING A THRESHOLD OF MORE-LIKELY-THAN-NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE UNIVERSITY'S EXEMPT PURPOSE IS SUBJECT TO INCOME TAX. THE UNIVERSITY DID NOT HAVE ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY AT JUNE 30, 2018.

**Part XIII Supplemental Information** (continued)

ON DECEMBER 22, 2017, THE PRESIDENT OF THE UNITED STATES SIGNED INTO LAW H.R. 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT. THE NEW LAW INCLUDES SEVERAL PROVISIONS THAT RESULT IN SUBSTANTIAL CHANGES TO THE TAX TREATMENT OF ACTIVITIES CARRIED ON BY TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS. THE UNIVERSITY HAS REVIEWED THESE PROVISIONS AND THE POTENTIAL IMPACT, AND CONCLUDED THE ENACTMENT OF H.R. 1 WILL LIKELY NOT HAVE A MATERIAL EFFECT ON THE OPERATIONS OF THE ORGANIZATION.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE & EXPENSE PER AUDITED FINANCIAL STATEMENTS & FORM 990

OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF PERPETUAL TRUST	281,648
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	3,938,653
FINANCIAL AID AWARDS	(221,711,776)
ACTUARIAL GAIN NOT YET RECOG - POSTRETIREMENT PLAN	1,977,000
LOSS ON DEFEASANCE & REFUNDING OF DEBT	(6,861,785)
TRAVEL TOUR EXPENSE	(5,828)
	-----
TOTAL	(222,382,088)

SCHEDULE D, PART XI, LINE 4B

OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	(1,125,709)
------------------------	-------------

**Part XIII** Supplemental Information (continued)

## SCHEDULE D, PART XII, LINE 2D

## OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	1,125,709
LONDON PGM EXP & CURRENCY ADJ	1,716,499
	-----
TOTAL	2,842,208

## SCHEDULE D, PART XII, LINE 4B

## OTHER ADJUSTMENTS:

FINANCIAL AID AWARDS	221,711,776
PROVISION FOR VOLUNTARY SEPARATION BENEFITS	10,517,000
TRAVEL TOUR EXPENSE	5,828
	-----
TOTAL	232,234,604



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

**Schools**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization  
**FORDHAM UNIVERSITY**

Employer identification number  
**13-1740451**

**Part I**

	YES	NO
<b>1</b> 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? . . . . .	X	
<b>2</b> 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? . . . . .	X	
<b>3</b> 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 . . . . .	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> 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 . . . . .	X	

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

SCHEDULE E, PART I, LINE 3

NONDISCRIMINATION POLICY:

THE UNIVERSITY INCLUDES A STATEMENT OF ITS NON-DISCRIMINATION POLICY ON ITS WEBSITE, AS WELL AS IN STUDENT REGISTRATION MATERIALS, STUDENT COURSE CATALOGS, AND EMPLOYEE JOB POSTINGS.

SCHEDULE E, PART I, LINE 6A

EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVES GRANTS FOR RESEARCH, TRAINING, AND FINANCIAL AID FROM THE NATIONAL SCIENCE FOUNDATION, THE U.S. DEPARTMENT OF EDUCATION, THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND VARIOUS OTHER FEDERAL, NEW YORK STATE AND NEW YORK CITY AGENCIES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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.

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

**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
<b>(1)</b> EUROPE	1.	74.	PROGRAM SERVICES	GLOBAL STUDIES	7,279,305.
<b>(2)</b> EAST ASIA AND THE PACIFIC	0.	8.	PROGRAM SERVICES	GLOBAL STUDIES	1,345,165.
<b>(3)</b> SUB-SAHARAN AFRICA	0.	2.	PROGRAM SERVICES	GLOBAL STUDIES	301,205.
<b>(4)</b> SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	11,000.
<b>(5)</b> EUROPE	1.	6.	PROGRAM SERVICES	STUDY ABROAD	449,380.
<b>(6)</b> EUROPE	0.	11.	PROGRAM SERVICES	LAW SCHOOL	146,412.
<b>(7)</b> SUB-SAHARAN AFRICA	1.	2.	PROGRAM SERVICES	LAW SCHOOL	70,516.
<b>(8)</b> EAST ASIA AND THE PACIFIC	0.	2.	PROGRAM SERVICES	LAW SCHOOL	38,867.
<b>(9)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		248,943.
<b>(10)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		214,284,359.
<b>(11)</b> EUROPE	0.	0.	INVESTMENTS		25,502,015.
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	3.	105.			249,677,167.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	3.	105.			249,677,167.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PUBLIC SERVICE	161,624.	WIRE			
(2)			EAST ASIA/PACIFIC	PUBLIC SERVICE	27,058.	WIRE			
(3)			EAST ASIA/PACIFIC	PUBLIC SERVICE	60,261.	WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **▶** \_\_\_\_\_ 1.

3 Enter total number of other organizations or entities ..... **▶** \_\_\_\_\_ 2.

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

GRANT MONITORING:

ANY ORGANIZATION OR ENTITY THAT RECEIVES SUBAWARDS FROM FORDHAM UNIVERSITY IS REQUIRED TO SUBMIT BOTH FINANCIAL AND PROGRAM PROGRESS REPORTS, EITHER ON A MONTHLY OR QUARTERLY BASIS, AS TO THE USE OF FUNDS. THE REQUIRED FREQUENCY OF REPORTING, AS WELL AS OTHER MONITORING CONTROLS, ARE DEPENDENT UPON THE REQUIREMENTS ON THE PRIMARY GRANTING AGENCY AND UPON THE RESULTS OF A PREAWARD RISK ASSESSMENT, WHICH IS PERFORMED ON ALL SUBRECIPIENTS PRIOR TO ISSUING AWARDS.

FINANCIAL AND PROGRAM PROGRESS REPORTS RECEIVED FROM GRANTEES ARE MONITORED AND REVIEWED BY PRINCIPAL INVESTIGATORS, THE OFFICE OF SPONSORED PROGRAMS, AND THE GRANTS ACCOUNTING OFFICE TO ENSURE FUNDS ARE USED APPROPRIATELY. IN ADDITION, PRINCIPAL INVESTIGATORS MEET REGULARLY WITH SUBGRANTEES, WHICH INCLUDES FIELD VISITS TO OBSERVE ACTIVITIES ON A FIRST-HAND BASIS.

SCHEDULE F, PART I, LINE 3, COLUMN (F)

METHOD OF ACCOUNTING:

EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING, CONSISTENT WITH FORDHAM UNIVERSITY'S AUDITED FINANCIAL STATEMENTS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization  
FORDHAM UNIVERSITY

Employer identification number  
13-1740451

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1 RUFFALO NOEL LEVITZ, LLC	PROF. FUNDRAISING		X	779,554.	385,322.	394,232.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				779,554.	385,322.	394,232.

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.

NY,

---



---



---



---



---



---



---



---



---



---



---



**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	
		FOUNDERS DINNER (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	1,939,535.		1,939,535.	
	2	Less: Contributions . . . . .	1,707,917.		1,707,917.	
	3	Gross income (line 1 minus line 2) . . . . .	231,618.		231,618.	
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .	137,157.		137,157.	
	6	Rent/facility costs . . . . .	302,756.		302,756.	
	7	Food and beverages . . . . .	507,878.		507,878.	
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	177,918.		177,918.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,125,709.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-894,091.

**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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 explanation 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, COLUMN (III)

RUFFALO NOEL LEVITZ, LLC PROVIDES CONSULTING SERVICES TO FORDHAM UNIVERSITY FOR ITS TELEMARKETING FUNDRAISING STRATEGY. THE FIRM ALSO PERFORMS SEGMENTATION AND PLEDGE FULFILLMENT VIA DIRECT MAIL.

RUFFALO NOEL LEVITZ, LLC'S CORPORATE HEADQUARTERS ARE LOCATED AT 1025 KIRKWOOD PARKWAY SW, CEDAR RAPIDS, IA 52404.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

**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
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501 (C) (3)	66,319.				RESEARCH
(2) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501 (C) (3)	150,938.				RESEARCH
(3) MORNINGSIDE CENTER FOR TEACHING SOCIAL RESP 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-3185340	501 (C) (3)	43,152.				RESEARCH
(4) THE NEW JEWISH HOME 120 WEST 106TH STREET NEW YORK, NY 10025	13-1624033	501 (C) (3)	27,063.				RESEARCH
(5) PENNSYLVANIA STATE UNIVERSITY 227 W BEAVER STATE COLLEGE, PA 16801	24-6000376	115	29,096.				RESEARCH
(6) NEW YORK UNIVERSITY 105 E 17TH STREET NEW YORK, NY 10003	13-5562308	501 (C) (3)	17,897.				RESEARCH
(7) RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501 (C) (3)	15,072.				RESEARCH
(8) RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501 (C) (3)	5,494.				RESEARCH
(9) UNIVERSITY OF MASSACHUSETTS - BOSTON 100 MORRISSEY BLVD BOSTON, MA 02125	04-3167352	115	12,285.				RESEARCH
(10) UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	115	122,300.				RESEARCH
(11) UNIVERSITY OF UTAH 201PRESIDENTS CIRCLE SALT LAKE CITY,UT84112	87-6000525	115	15,970.				RESEARCH
(12) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE SAN FRANCISCO,CA 94132	93-1137247	115	5,967.				RESEARCH

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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

- 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
- 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
(1) DEPAUL UNIVERSITY 1 EAST JACKSON BLVD CHICAGO, IL 60604	36-2167048	501 (C) (3)	13,379.				RESEARCH
(2) MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0377502	501 (C) (3)	14,962.				RESEARCH
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.

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

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

Schedule I (Form 990) (2017)

**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 non-cash assistance
1 STUDENT SCHOLARSHIPS	15,255.	221,711,776.		N/A	N/A
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

GRANT MONITORING:

ANY ORGANIZATION OR ENTITY THAT RECEIVES SUBAWARDS FROM FORDHAM

UNIVERSITY IS REQUIRED TO SUBMIT BOTH FINANCIAL AND PROGRAM PROGRESS

REPORTS, EITHER ON A MONTHLY OR QUARTERLY BASIS, AS TO THE USE OF FUNDS.

THE REQUIRED FREQUENCY OF REPORTING, AS WELL AS OTHER MONITORING

CONTROLS, ARE DEPENDENT UPON REQUIREMENTS OF THE PRIMARY GRANTING AGENCY

AND UPON THE RESULTS OF A PREAWARD RISK ASSESSMENT, WHICH IS PERFORMED ON

ALL SUBRECIPIENTS PRIOR TO ISSUING AWARDS.

**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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FINANCIAL AND PROGRAM PROGRESS REPORTS RECEIVED FROM GRANTEEES ARE MONITORED AND REVIEWED BY PRINCIPAL INVESTIGATORS, THE OFFICE OF SPONSORED PROGRAMS AND THE GRANTS ACCOUNTING OFFICE TO ENSURE FUNDS ARE USED APPROPRIATELY. IN ADDITION, PRINCIPAL INVESTIGATORS MEET REGULARLY WITH SUBGRANTEES, WHICH INCLUDES FIELD VISITS TO OBSERVE ACTIVITIES ON A FIRST-HAND BASIS.

SCHOLARSHIP GRANT MONITORING:

FORDHAM PROVIDES VARIOUS TYPES OF FINANCIAL ASSISTANCE TO PROMOTE ACCESS AND AFFORDABILITY TO STUDENTS. FORDHAM'S STUDENT FINANCIAL AID DEPARTMENT

**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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

WORKS WITH STUDENTS TO HELP THEM DEVISE A PLAN TO FUND THEIR EDUCATION.

ASSISTANCE MAY INCLUDE A COMBINATION OF GRANTS, LOANS AND PAYMENT PLANS DEPENDING ON INDIVIDUAL CIRCUMSTANCES AND RESOURCES. SCHOLARSHIP GRANTS ARE AWARDED ON THE BASIS OF FINANCIAL NEED AND/OR SCHOLASTIC ACHIEVEMENT, AND ON A NON-DISCRIMINATORY BASIS. STUDENTS MUST COMPLETE CERTAIN QUESTIONNAIRES AND APPLICATIONS TO DEMONSTRATE THEIR QUALIFICATION FOR VARIOUS TYPES OF FEDERAL, STATE, LOCAL, AND INSTITUTIONAL FINANCIAL ASSISTANCE. THE VARIOUS FINANCIAL ASSISTANCE PROGRAMS HAVE PARTICULAR ELIGIBILITY AND MONITORING REQUIREMENTS, SUCH AS THOSE PROVIDED BY THE CODE OF FEDERAL REGULATIONS. THESE REQUIREMENTS MAY INCLUDE A MINIMUM

**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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

COURSE LOAD, DEMONSTRATED ACADEMIC PROGRESS, AND OTHER SIMILAR

REQUIREMENTS.

SCHOLARSHIP GRANTS ARE APPLIED DIRECTLY TOWARD A STUDENT'S TUITION AND

ROOM AND BOARD COSTS, THEREBY INSURING THE FUNDS ARE USED AS INTENDED.



**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

FORDHAM UNIVERSITY

Employer identification number

13-1740451

**Part I Questions Regarding Compensation**

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)         |

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</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>		

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	MARGARET BALL SECRETARY OF THE UNIVERSITY	(i)	184,818.	0.	1,298.	20,287.	874.	207,277.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	BRIAN BYRNE VP FOR LINCOLN CENTER	(i)	329,234.	0.	3,052.	29,700.	37,701.	399,687.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	THOMAS A. DUNNE VP FOR ADMINISTRATION	(i)	397,845.	0.	6,034.	29,700.	39,486.	473,065.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	STEPHEN FREEDMAN PROVOST (DECEASED 7/18)	(i)	524,597.	0.	6,850.	29,700.	37,883.	599,030.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	JEFFREY GRAY SVP OF STUDENT AFFAIRS	(i)	352,201.	0.	25,783.	29,700.	61,170.	468,854.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MARTHA K. HIRST SR VP, CFO & TREASURER	(i)	535,681.	0.	3,789.	20,640.	915.	561,025.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	ROGER MILICI VP FOR DEV AND UNIV RELATIONS	(i)	398,275.	0.	1,467.	29,700.	915.	430,357.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	NICHOLAS MILOWSKI VP FOR FINANCE	(i)	328,723.	0.	7,736.	20,640.	35,596.	392,695.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	FRANK SIRIANNI VP FOR TECHNOLOGY AND CIO	(i)	348,671.	0.	9,201.	29,700.	39,507.	427,079.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	PETER STACE VP FOR ENROLLMENT	(i)	381,702.	0.	5,725.	29,700.	37,472.	454,599.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	MARCO VALERA VP FOR FACILITIES MGMT	(i)	351,330.	0.	7,295.	29,700.	36,823.	425,148.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	MATTHEW DILLER DEAN	(i)	467,851.	0.	2,547.	29,700.	39,416.	539,514.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	IFTEKHAR HASAN PROFESSOR	(i)	491,615.	0.	2,547.	29,700.	37,183.	561,045.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	JEFFREY M. NEUBAUER MEN'S BASKETBALL COACH	(i)	549,889.	50,000.	8,919.	29,700.	37,680.	676,188.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	DONNA RAPPACCIOLI DEAN	(i)	622,762.	0.	30,269.	29,700.	37,779.	720,510.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	BENJAMIN ZIPURSKY PROFESSOR	(i)	404,195.	0.	40,190.	29,700.	36,035.	510,120.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRANK SIMIO (END ROLE 1 1 FMR INT SR VP, CFO, TREAS&VP FIN	(i)	371,244.	0.	2,547.	29,700.	37,779.	441,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

## SCHEDULE J, PART I

FORDHAM UNIVERSITY'S PRESIDENT, JOSEPH M. MCSHANE S.J. AND VP FOR MISSION INTEGRATION & PLANNING, MICHAEL MCCARTHY S.J., ARE MEMBERS OF THE SOCIETY OF JESUS. PAYMENTS ARE MADE TO THE SOCIETY OF JESUS FOR THESE OFFICERS AND OTHER MEMBERS OF THE JESUIT COMMUNITY FOR THEIR SERVICES TO FORDHAM UNIVERSITY. TOTAL PAYMENTS TO THE JESUIT COMMUNITY IN CALENDAR YEAR 2017 TOTALED \$4,016,742.

## SCHEDULE J, PART I, LINE 1A

## FIRST-CLASS OR CHARTER TRAVEL:

FORDHAM UNIVERSITY DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL. HOWEVER, FOR BUSINESS TRIPS IN EXCESS OF 6 HOURS, EMPLOYEES ARE PERMITTED TO UPGRADE FROM THE LOWEST COACH FARE OFFERED BY THE AIRLINE TO THE NEXT CLASS AVAILABLE. IN CONNECTION WITH ITS ATHLETICS PROGRAM, CERTAIN TEAMS UTILIZE CHARTER TRAVEL. THE MEN'S BASKETBALL COACH FLIES WITH THE ATHLETIC TEAMS AS PART OF HIS RESPONSIBILITIES AS AN EMPLOYEE OF FORDHAM UNIVERSITY. THE VALUE OF TRAVEL WAS NOT INCLUDED IN TAXABLE COMPENSATION.

**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.

## HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

HOUSING WAS PROVIDED TO MICHAEL MCCARTHY S.J., VP FOR MISSION INTEGRATION & PLANNING. HE IS A MEMBER OF THE SOCIETY OF JESUS AND LIVES AS A RESIDENT MINISTER IN A UNIVERSITY DORMITORY ON CAMPUS, PROVIDING GUIDANCE TO STUDENTS FOR THE CONVENIENCE OF THE UNIVERSITY. ACCORDINGLY, THE HOUSING BENEFITS PROVIDED TO HIM ARE NOT INCLUDABLE AS GROSS INCOME UNDER SECTION 119 OF THE INTERNAL REVENUE CODE.

## TAX INDEMNIFICATIONS AND GROSS-UP PAYMENTS:

TAX INDEMNIFICATIONS AND GROSS-UP PAYMENTS ARE TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSONS AT TIME OF PAYMENT. FROM TIME TO TIME, GIFT CARDS ARE GIVEN FOR EXTRAORDINARY SERVICES. THE UNIVERSITY GROSSED UP THE AMOUNT OF ANY GIFT CARD AND APPLICABLE TAXES THAT WERE WITHHELD FROM EMPLOYEES PAY.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FORDHAM UNIVERSITY

Employer identification number  
13-1740451

**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
<b>A</b> DASNY SERIES 2008A	14-6000293	649903C33	05/21/2008	96,895,000.	REFUNDING 2005 DEBT ISSUE		X		X		X
<b>B</b> DASNY SERIES 2011B	14-6000293	649505CX0	04/28/2011	152,929,720.	2011 ISSUE - NEW CONSTRUCTION	X			X		X
<b>C</b> DASNY SERIES 2012	14-6000293	649906Z23	10/25/2012	46,206,812.	REFUNDING 2002 & 1998 DEBT ISSUE		X		X		X
<b>D</b> DASNY SERIES 2014	14-6000293	649907YZ9	04/03/2014	66,182,433.	REFUND 2014 ISSUE AND CO-OP ACQ		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	16,815,000.		13,984,720.		20,496,812.		12,732,432.	
<b>2</b> Amount of bonds legally defeased . . . . .			133,440,000.					
<b>3</b> Total proceeds of issue . . . . .	96,895,000.		152,929,720.		46,206,812.		66,182,432.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .					45,346,922.			
<b>7</b> Issuance costs from proceeds . . . . .	602,276.		1,416,066.		784,889.		867,654.	
<b>8</b> Credit enhancement from proceeds . . . . .	59,047.							
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .			151,513,654.				53,755,763.	
<b>11</b> Other spent proceeds . . . . .	96,233,677.				75,000.		11,252,040.	
<b>12</b> Other unspent proceeds . . . . .							309,999.	
<b>13</b> Year of substantial completion . . . . .	2008		2014		2013		2016	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X			X
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> 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
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				X

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

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FORDHAM UNIVERSITY

Employer identification number  
13-1740451

**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
<b>A</b> DASNY SERIES 2016A	14-6000293	64990BD75	05/05/2016	169,720,220.	REF PRIOR ISSUES & REN ACAD BLG		X		X		X
<b>B</b> DASNY SERIES 2017	14-6000293	64990C5S6	12/21/2017	91,211,092.	REFUNDING 2011 DEBT ISSUE		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	5,610,000.							
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	169,720,220.		91,211,032.					
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	1,209,489.		826,227.					
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .	15,075,000.							
<b>12</b> Other unspent proceeds . . . . .	153,435,731.							
<b>13</b> Year of substantial completion . . . . .	2016		2017					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X				
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .	X		X					
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b> 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
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

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

1

	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
<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? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		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? . . . . .								
<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 . . . . . ▶								
<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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				X
<b>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	

**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 . . . . .	BOA ML							
<b>c</b> Term of hedge . . . . .	3.248							
<b>d</b> Was the hedge superintegrated? . . . . .	X							
<b>e</b> Was the hedge terminated? . . . . .		X						



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

2

	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? . . . . .								
<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? . . . . .								
<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 . . . . . ▶								
<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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<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 nongovernmental 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? . . . . .								



**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X		X				
7 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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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

## SCHEDULE K, PART I, BOND ISSUES:

## 2011 BOND ISSUE

(A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK

(F) DESCRIPTION OF PURPOSE: LAW SCHOOL BUILDING AND RESIDENCE HALL

CONSTRUCTION

## 2014 BOND ISSUE

(A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK

(F) DESCRIPTION OF PURPOSE: ACQUISITION OF BUILDING AND REFUND 2004 DEBT

ISSUE

## 2016 BOND ISSUE

(A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK

(F) DESCRIPTION OF PURPOSE: REFUND CERTAIN TRANCHES OF THE 2011 DEBT

ISSUE, DEFEASE AND ADVANCE REFUND ALL OF THE 2008B DEBT ISSUE, AND

REFURBISH ACADEMIC BUILDING.

## 2017 BOND ISSUE

(A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK

(F) DESCRIPTION OF PURPOSE: REFUND CERTAIN TRANCHES OF THE 2011 DEBT

ISSUE AND COVER COSTS OF ISSUANCE.

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

SCHEDULE K, PART IV, LINE 2C, COLUMN A

THE DATE OF THE REBATE COMPUTATION IS 7/9/15.

SCHEDULE K, PART IV, LINE 2C, COLUMN B

THE DATE OF THE REBATE CALCULATION IS 6/15/16.

SCHEDULE K, PART IV, LINE 2C, COLUMN C

THE DATE OF THE REBATE CALCULATION IS 11/15/17.

SCHEDULE K, PART IV, LINE 4C, COLUMN A

ARBITRAGE

THE UNIVERSITY PAYS A FIXED RATE OF 3.2475% AND RECEIVES 67% OF ONE MONTH

LIBOR ON THE NOTIONAL PRINCIPAL AMOUNT OF THE 2008A BONDS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

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

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

**Open To Public Inspection**

Name of the organization  
FORDHAM UNIVERSITY

Employer identification number  
13-1740451

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

1	(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
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . .							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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
(1)			26,000.	STUDENT SCHOLARSHIPS	COVER COSTS OF TUITION
(2)			57,391.	TUITION REMISSION	COVER COSTS OF TUITION
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRENDAN MCGUINNESS	SEE PART V	119,941.	EMPLOYEE COMPENSATION		X
(2) STEPHEN C. MCGUINNESS	SEE PART V	19,078.	EMPLOYEE COMPENSATION		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

BRENDAN MCGUINNESS AND STEPHEN C. MCGUINNESS ARE FAMILY MEMBERS OF

STEPHEN J. MCGUINNESS, CURRENT TRUSTEE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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

FORDHAM UNIVERSITY

Employer identification number

13-1740451

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	3 .	168,000 .	APPRAISAL
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	48 .	2,769,336 .	MARKET QUOTATION
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 . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( SPORT EVNT TKTS )	X	2 .	4,038 .	COST
26 Other ▶ ( RECEPTIONS )	X	16 .	69,945 .	COST
27 Other ▶ ( PRINTED MAT )	X	1 .	14,375 .	COST
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 5 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
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? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
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.		

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

27922M M20Y

V 17-7.10

2176184

PAGE 71



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

---

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

THE AMOUNT LISTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

13-1740451

FORM 990, PART I, LINE 7B

INCLUDES 512(A)(7) AMOUNTS THAT ARE NOT REVENUE AND, THEREFORE, NOT  
REPORTED AS SUCH ON FORM 990.

FORM 990, PART III, LINE 1

MISSION STATEMENT:

THE MISSION OF THE UNIVERSITY

FORDHAM UNIVERSITY, THE JESUIT UNIVERSITY OF NEW YORK, IS COMMITTED TO  
THE DISCOVERY OF WISDOM AND THE TRANSMISSION OF LEARNING, THROUGH  
RESEARCH AND THROUGH UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION  
OF THE HIGHEST QUALITY. GUIDED BY ITS CATHOLIC AND JESUIT TRADITIONS,  
FORDHAM FOSTERS THE INTELLECTUAL, MORAL AND RELIGIOUS DEVELOPMENT OF ITS  
STUDENTS AND PREPARES THEM FOR LEADERSHIP IN A GLOBAL SOCIETY.

CHARACTERISTICS OF THE UNIVERSITY

AS A UNIVERSITY -

FORDHAM STRIVES FOR EXCELLENCE IN RESEARCH AND TEACHING, AND GUARANTEES  
THE FREEDOM OF INQUIRY REQUIRED BY RIGOROUS THINKING AND THE QUEST FOR  
TRUTH.

FORDHAM AFFIRMS THE VALUE OF A CORE CURRICULUM ROOTED IN THE LIBERAL ARTS  
AND SCIENCES. THE UNIVERSITY SEEKS TO FOSTER IN ALL ITS STUDENTS  
LIFE-LONG HABITS OF CAREFUL OBSERVATION, CRITICAL THINKING, CREATIVITY,  
MORAL REFLECTION AND ARTICULATE EXPRESSION.

Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

IN ORDER TO PREPARE CITIZENS FOR AN INCREASINGLY MULTICULTURAL AND MULTINATIONAL SOCIETY, FORDHAM SEEKS TO DEVELOP IN ITS STUDENTS AN UNDERSTANDING OF AND REVERENCE FOR CULTURES AND WAYS OF LIFE OTHER THAN THEIR OWN.

AS A CATHOLIC UNIVERSITY -

FORDHAM AFFIRMS THE COMPLEMENTARY ROLES OF FAITH AND REASON IN THE PURSUIT OF WISDOM AND LEARNING. THE UNIVERSITY ENCOURAGES THE GROWTH OF A LIFE OF FAITH CONSONANT WITH MORAL AND INTELLECTUAL DEVELOPMENT.

FORDHAM ENCOURAGES FACULTY TO DISCUSS AND PROMOTE AN UNDERSTANDING OF THE ETHICAL DIMENSION OF WHAT IS BEING STUDIED AND WHAT IS BEING TAUGHT.

FORDHAM GIVES SPECIAL ATTENTION TO THE STUDY OF THE LIVING TRADITION OF CATHOLICISM, AND IT PROVIDES A PLACE WHERE RELIGIOUS TRADITIONS MAY INTERACT WITH EACH OTHER AND WITH CONTEMPORARY CULTURES.

FORDHAM WELCOMES STUDENTS, FACULTY, AND STAFF OF ALL RELIGIOUS TRADITIONS AND OF NO RELIGIOUS TRADITION AS VALUED MEMBERS OF THIS COMMUNITY OF STUDY AND DIALOGUE.

AS A JESUIT UNIVERSITY -

FORDHAM DRAWS ITS INSPIRATION FROM THE DUAL HERITAGE OF CHRISTIAN HUMANISM AND IGNATIAN SPIRITUALITY, AND CONSEQUENTLY SEES ALL DISCIPLINES AS POTENTIAL PATHS TO GOD.

FORDHAM RECOGNIZES THE DIGNITY AND UNIQUENESS OF EACH PERSON. A FORDHAM EDUCATION AT ALL LEVELS IS STUDENT-CENTERED, AND ATTENTIVE TO THE DEVELOPMENT OF THE WHOLE PERSON. SUCH AN EDUCATION IS BASED ON CLOSE

Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

COLLABORATION AMONG STUDENTS, FACULTY, AND STAFF.

FORDHAM IS COMMITTED TO RESEARCH AND EDUCATION THAT ASSIST IN THE ALLEVIATION OF POVERTY, THE PROMOTION OF JUSTICE, THE PROTECTION OF HUMAN RIGHTS AND RESPECT FOR THE ENVIRONMENT.

JESUIT EDUCATION IS COSMOPOLITAN EDUCATION. THEREFORE, EDUCATION AT FORDHAM IS INTERNATIONAL IN ITS SCOPE AND IN ITS ASPIRATIONS. THE WORLD-WIDE NETWORK OF JESUIT UNIVERSITIES OFFERS FORDHAM FACULTY AND STUDENTS DISTINCTIVE OPPORTUNITIES FOR EXCHANGE AND COLLABORATION.

AS A UNIVERSITY IN NEW YORK CITY -

AS HOME TO PEOPLE FROM ALL OVER THE GLOBE, AS A CENTER OF INTERNATIONAL BUSINESS, COMMUNICATION, DIPLOMACY, THE ARTS AND THE SCIENCES, NEW YORK CITY PROVIDES FORDHAM WITH A SPECIAL KIND OF CLASSROOM. ITS UNPARALLELED RESOURCES SHAPE AND ENHANCE FORDHAM'S PROFESSIONAL AND UNDERGRADUATE PROGRAMS.

FORDHAM IS PRIVILEGED TO SHARE A HISTORY AND A DESTINY WITH NEW YORK CITY. THE UNIVERSITY RECOGNIZES ITS DEBT OF GRATITUDE TO THE CITY AND ITS OWN RESPONSIBILITY TO SHARE ITS GIFTS FOR THE ENRICHMENT OF OUR CITY, OUR NATION AND OUR WORLD.

#### STRATEGIC PLANNING

FORDHAM INSTITUTED A CONTINUOUS UNIVERSITY STRATEGIC PLANNING (CUSP) PROCESS IN SEPTEMBER 2015 TO FOSTER A CULTURE OF STRATEGIC THINKING THROUGHOUT THE UNIVERSITY AND PRODUCE A STRATEGIC FRAMEWORK OF PRIORITIES TO GUIDE PLANNING. A DEDICATED COMMITTEE OF FACULTY AND ADMINISTRATORS

Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

ENGAGED THE UNIVERSITY COMMUNITY IN A PROCESS OF DISCERNMENT THAT YIELDED "A STRATEGIC FRAMEWORK FOR FORDHAM'S FUTURE: BOTHERED EXCELLENCE" WHICH THE BOARD OF TRUSTEES APPROVED IN SEPTEMBER 2016. SINCE THEN, LOCAL PLANNING UNITS HAVE DEVELOPED A SERIES OF INITIATIVES THAT ADVANCE THE PRIORITIES IN WAYS APPROPRIATE TO THE UNIT'S SPHERE OF ACTIVITY AND IN 2019 THE UNIVERSITY ESTABLISHED A STRATEGIC INITIATIVES FUND TO SUPPORT SIGNIFICANT SIGNATURE PROJECTS.

THROUGH THIS CONTINUOUS PLANNING PROCESS FORDHAM IS ATTUNED TO THE OPPORTUNITIES AND RISKS IN A RAPIDLY CHANGING ENVIRONMENT AND ABLE TO ADVANCE ITS MISSION AS THE JESUIT UNIVERSITY OF NEW YORK GUIDED BY THE SIX PRIORITY AREAS IDENTIFIED IN THE STRATEGIC FRAMEWORK:

- CONTEMPORARY TEACHING AND LEARNING INFUSED WITH ETHICS AND JUSTICE
- STRATEGICALLY FOCUSED RESEARCH
- THE INSPIRATION AND CHALLENGE OF NEW YORK CITY
- A GLOBAL PERSPECTIVE
- A DIVERSE AND INCLUSIVE COMMUNITY
- A STRATEGIC AND AGILE INSTITUTION

FORM 990, PART III, 4A

PROGRAM SERVICE ACCOMPLISHMENTS:

FORDHAM UNIVERSITY IS AN INDEPENDENT, NOT-FOR-PROFIT, COEDUCATIONAL, INSTITUTION OF HIGHER LEARNING, IN THE JESUIT TRADITION, WITHIN ITS PRINCIPAL CAMPUSES LOCATED IN NEW YORK CITY. FORDHAM UNIVERSITY SERVES AND EDUCATES APPROXIMATELY 9,600 UNDERGRADUATE STUDENTS AND 6,400 GRADUATE AND PROFESSIONAL STUDENTS. THE UNIVERSITY AWARDS

Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

BACCALAUREATE, GRADUATE, AND PROFESSIONAL DEGREES TO STUDENTS FROM FORDHAM COLLEGE AT ROSE HILL, FORDHAM COLLEGE AT LINCOLN CENTER, THE GABELLI SCHOOL OF BUSINESS (UNDERGRADUATE AND GRADUATE), THE SCHOOL OF PROFESSIONAL AND CONTINUING STUDIES, THE GRADUATE SCHOOLS OF ARTS AND SCIENCES, EDUCATION, RELIGION AND RELIGIOUS EDUCATION, SOCIAL SERVICE, AND THE SCHOOL OF LAW. A SIGNIFICANT AMOUNT OF FINANCIAL ASSISTANCE IS PROVIDED TO ENABLE QUALIFIED STUDENTS TO STUDY AT THE UNIVERSITY.

FORM 990, PART VI, LINE 2

RELATIONSHIPS:

FAMILY RELATIONSHIP - PETER STACE, OFFICER/VP FOR ENROLLMENT, HAS A FAMILY RELATIONSHIP WITH MARGARET BALL, OFFICER/SECRETARY OF THE UNIVERSITY.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW:

THE OFFICE OF FINANCE WORKS CLOSELY WITH KPMG LLP, AS PAID PREPARER OF FORDHAM'S TAX-RELATED FILINGS, TO PREPARE THE FORM 990. ONCE PREPARED, THE FORM UNDERGOES A SERIES OF REVIEWS BY SENIOR FINANCIAL STAFF AND LEADERSHIP BEFORE SUBMISSION TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING THE RETURN TO THE EXECUTIVE COMMITTEE. FOLLOWING A FORMAL PRESENTATION TO THE EXECUTIVE COMMITTEE AND QUESTION AND COMMENT PERIOD, THE RETURN IS APPROVED AND A COPY OF THE FINAL DRAFT OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO ITS FILING.

Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST REVIEW:

THE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT REQUIRES, AMONG OTHER THINGS, NO INDIVIDUAL MAY PARTICIPATE IN A DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST. ALL TRUSTEES, OFFICERS AND INDIVIDUALS WHO HAVE SIGNING AUTHORITY ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO INDICATE WHETHER THE UNIVERSITY DOES BUSINESS WITH AN ENTITY IN WHICH THEY HAVE A MATERIAL FINANCIAL INTEREST. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTIONS BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY.

FORM 990, PART VI, LINE 15A& 15B

COMPENSATION REVIEW:

COMPENSATION FOR THE UNIVERSITY'S PRESIDENT IS REVIEWED ON A REGULAR BASIS BY A COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES USING SALARY DATA FROM SIMILAR INSTITUTIONS.

ONCE DETERMINED, THE PRESIDENT'S PROPOSED COMPENSATION IS SUBMITTED FIRST TO THE EXECUTIVE COMMITTEE, WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS, THEN TO THE FULL BOARD OF TRUSTEES, FOR REVIEW AND ACCEPTANCE.

COMPENSATION FOR OTHER UNIVERSITY OFFICERS IS ESTABLISHED USING SALARY

Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

BENCHMARKING DATA, AS WELL AS REVIEWS OF COMPENSATION DATA INCLUDED IN PUBLIC FILINGS OF COMPARABLE INSTITUTIONS. COMPENSATION LEVELS ARE REVIEWED AND ACCEPTED BY THE BOARD OF TRUSTEES BASED ON A REVIEW OF KEY DOCUMENTS, FILINGS, AND EMPLOYEE PERFORMANCE DISCUSSIONS. THE PROCESS OF DETERMINING COMPENSATION IS CONDUCTED IN EXECUTIVE SESSION OF THE BOARD OF TRUSTEES MEETINGS IN ORDER TO PRESERVE CONFIDENTIALITY. COMPENSATION LEVELS THAT ARE AUTHORIZED AS A RESULT OF THIS PROCESS ARE DOCUMENTED.

FORM 990, PART VI, LINE 19

DOCUMENT AVAILABILITY:

FORDHAM UNIVERSITY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE CURRENTLY AVAILABLE ON THE UNIVERSITY'S WEBSITE, AND THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24C

VOLUNTARY SEPARATION BENEFITS:

DURING THE YEAR ENDED JUNE 30, 2018, THE UNIVERSITY EXTENDED A VOLUNTARY SEPARATION OFFER (VSO) TO ELIGIBLE ADMINISTRATORS. THE VSO PROVIDES FOR SEPARATION ALLOWANCES COMPRISING SALARY (BASED ON LENGTH OF SERVICE) AND FRINGE BENEFITS, PRINCIPALLY MEDICAL COVERAGE AND TUITION REMISSION. FOR THE YEAR ENDED JUNE 30, 2018, THE UNIVERSITY RECORDED A PROVISION FOR VOLUNTARY SEPARATION BENEFITS TOTALING \$10,517,000, WHICH WILL BE PAYABLE THROUGH JUNE 30, 2020.

FORM 990, PART X

RECLASSIFICATIONS:



Name of the organization FORDHAM UNIVERSITY	Employer identification number 13-1740451
--	--

CERTAIN RECLASSIFICATIONS OF PRIOR YEAR AMOUNTS HAVE BEEN MADE TO CONFORM  
TO THE CURRENT YEAR PRESENTATION.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	3,938,653
ACTUARIAL GAIN NOT YET RECOGNIZED - POSTRETIREMENT PLAN	1,977,000
LOSS ON DEFEASANCE & REFUNDING OF DEBT	(6,861,785)
CHANGE IN FAIR VALUE OF PERPETUAL TRUST	281,648
LONDON PGM EXP & CURRENCY ADJ	(1,716,499)
LONDON NET ASSETS	(1,958,401)
LONDON UNSPENT CASH	(174,564)
	-----
TOTAL TO FORM 990, PART XI, LINE 9	(4,513,948)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK SERVICES, INC. 1101 MARKET STREET PHILADELPHIA, PA 19107	FOOD SERVICE	19,167,983.
SUMMIT SECURITY SERVICES 390 REXCORP PLAZA/LOBBY LEVEL UNIONDALE, NY 11553	SECURITY SERVICE	7,287,689.
TISHMAN INTERIORS CORPORATION 100 PARK AVENUE, 18TH FLOOR NEW YORK, NY 10017	CONSTRUCTION	6,947,685.
HIGHSTREET IT SOLUTIONS LLC 2600 TOWER OAKS BLVD., SUITE 240 ROCKVILLE, MD 20852	IT SERVICE	4,132,853.
CALDWELL & WALSH BUILDING CONSTRUCTION 60 EAST 42ND STREET, SUITE 601 NEW YORK, NY 10165	CONSTRUCTION	3,930,118.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FORDHAM AIRVANA HOLDINGS, LLC 13-1740451 888 SEVENTH AVE., 7TH FLOOR NEW YORK, NY 10019	HOLDING CO.	NY	0.	0.	FORDHAM U.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FORDHAM UNIVERSITY (USA) UK PROGRAM LTD 15 ST BOTOLPH STREET EC3A 7NJ LONDON, UK EC3A 7NJ	EDUCATION	UK			FORDHAM U.	X	
(2) FORDHAM UNIVERSITY UK CHARITABLE TRUST 15 ST BOTOLPH STREET EC3A 7NJ LONDON, UK EC3A 7NJ	EDUCATION	UK			FORDHAM U.	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1) CHARITABLE REMAINDER TRUST (OH)	INVESTMENT	OH	N/A	TRUST				X	
(2) CHARITABLE REMAINDER TRUST (NY)	INVESTMENT	NY	N/A	TRUST				X	
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FORDHAM UNIVERSITY (USA) UK PROGRAM LTD	P	4,370,009.	COST
(2) FORDHAM UNIVERSITY (USA) UK PROGRAM LTD	R	695,109.	COST
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

---

**Part VII** **Supplemental Information**

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

---