

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2024**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**A** For the **2024** calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

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

**C** Name of organization FORDHAM UNIVERSITY  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
441 E FORDHAM ROAD FMH 512  
 City or town, state or province, country, and ZIP or foreign postal code  
BRONX, NY 10458-5170

**D** Employer identification number 13-1740451

**E** Telephone number (718) 817-1000

**F** Name and address of principal officer: TANIA TETLOW  
SAME AS C ABOVE

**G** Gross receipts \$ 1,997,400,829

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

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

**J** Website: WWW.FORDHAM.EDU

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1841

**M** State of legal domicile: NY

**H(c)** Group exemption number \_\_\_\_\_

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE THE HIGHEST QUALITY EDUCATION TO UNDERGRADUATE AND GRADUATE STUDENTS, IN THE JESUIT TRADITION.</u>		
	<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>	<u>38</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>36</u>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<u>8,154</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>2,991</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>7,484,224</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>82,270</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>92,392,609</u>	<u>179,820,911</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>974,705,608</u>	<u>1,035,192,710</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>56,041,673</u>	<u>9,972,838</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,124,307,747</u>	<u>1,225,879,469</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>348,359,273</u>	<u>383,315,288</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>444,875,108</u>	<u>473,057,301</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>444,921</u>	<u>430,854</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>20,796,691</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>298,819,492</u>	<u>310,271,649</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,092,498,794</u>	<u>1,167,075,092</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>31,808,953</u>	<u>58,804,377</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>2,453,071,111</u>	<u>2,586,282,259</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>781,181,922</u>	<u>799,239,524</u>
			<u>1,671,889,189</u>	<u>1,787,042,735</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: [Signature] Date: 05/12/2026

JOSHUA L BURGHER, VP FOR FINANCE AND ASST. TREASURER

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: DEVIN L. DUNCAN Preparer's signature: [Signature] Date: 5/8/2026 Check  if self-employed PTIN: P01249521

Firm's name: KPMG LLP Firm's EIN: 13-5565207

Firm's address: TWO MANHATTAN WEST, 375 9TH AVENUE, NEW YORK, NY 10001 Phone no.: (212) 758-9700

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  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 \$ 952,832,493 including grants of \$ 383,315,288 ) (Revenue \$ 914,479,947 )  
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 10,200 UNDERGRADUATE STUDENTS AND 5,200 GRADUATE AND PROFESSIONAL STUDENTS. FOR MORE INFORMATION, SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 113,676,169 including grants of \$ ) (Revenue \$ 120,712,763 )  
STUDENT HOUSING & FOOD SERVICES  
THE UNIVERSITY PROVIDES VARIOUS SERVICES FOR THE BENEFIT OF ITS STUDENTS, FACULTY AND STAFF AND IN SUPPORT OF EDUCATIONAL ACTIVITIES.

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 1,066,508,662

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 8,154		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		<input checked="" type="checkbox"/>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," enter the name of the foreign country <u>UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 4		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<input checked="" type="checkbox"/>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 38		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 36		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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.  
ANTHONY M. GRONO, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TANIA TETLOW PRESIDENT & TRUSTEE	35.0 0.0	✓		✓				1,595,734	0	251,064
(2) KEITH A. URGO HEAD MEN'S BASKETBALL COACH (THRU 03/25)	35.0 0.0					✓		899,114	0	74,754
(3) DENNIS C. JACOBS PROVOST & SVP OF ACADEMIC AFFAIRS	35.0 0.0			✓				712,072	0	86,715
(4) OLATOKUMBO SHOLOWALE SVP, CFO & TREASURER	35.0 0.0			✓				670,192	0	61,592
(5) ROGER MILICI VP FOR DEVELOPMENT & UNIVERSITY RELATIONS	35.0 0.0					✓		638,629	0	43,842
(6) GEETA PALSHIKAR CHIEF INVESTMENT OFFICER	35.0 0.0					✓		582,834	0	87,507
(7) MATTHEW DILLER DEAN & PROFESSOR	35.0 0.0					✓		542,144	0	87,167
(8) ANAND PADMANABHAN VP OF INFORMATION TECHNOLOGY & CIO	0.0 0.0						✓	408,242	0	203,874
(9) DONNA M. RAPACCIOLI PROFESSOR	35.0 0.0					✓		524,238	0	84,626
(10) JONATHAN CRYSTAL FORMER VICE PROVOST FOR ACADEMIC AFFAIRS	0.0 0.0						✓	476,927	0	86,785
(11) MARCO VALERA VP FOR ADMINISTRATION	0.0 0.0						✓	504,347	0	55,055
(12) ANTHONY GRONO FORMER INTERIM VP OF FIN & ASST TREAS	35.0 0.0						✓	333,715	0	144,634
(13) KAY TURNER VP FOR HUMAN RESOURCES	0.0 0.0						✓	410,396	0	60,157
(14) MARGARET T. BALL FORMER VICE PRES. & GENERAL COUNSEL	0.0 0.0						✓	435,805	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN BUCKLEY FORMER SVP FOR ENROLLMENT	0.0 0.0						✓	318,460	0	86,549
(16) DOROTHY MARINUCCI UNIVERSITY SECRETARY & SECRETARY TO BOARD OF TRUSTEES	35.0 0.0			✓				320,138	0	81,088
(17) MARTHA K. HIRST FORMER SVP, CFO & TREASURER	0.0 0.0						✓	331,205	0	0
(18) MICHAEL TREROTOLA CHIEF OF STAFF & ASST UNIV SECRETARY	35.0 0.0			✓				187,562	0	76,858
(19) JOSHUA L. BURGHER VP FOR FINANCE & ASSISTANT TREASURER (START 07/24)	35.0 0.0			✓				236,788	0	12,129
(20) JEFFREY GRAY FORMER SVP OF STUDENT AFFAIRS	0.0 0.0						✓	211,643	0	0
(21) DENNY CHIN TRUSTEE & ADJUNCT PROFESSOR	2.0 0.0	✓						133,151	0	0
(22) ANDREW J. HINTON TRUSTEE	1.0 0.0	✓						0	0	0
(23) ANTHONY P. CARTER TRUSTEE	1.0 0.0	✓						0	0	0
(24) ARMANDO NUNEZ, JR. TRUSTEE & CHAIR	2.0 0.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>								10,473,336	0	1,584,396
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								10,473,336	0	1,584,396

**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 901

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<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>	✓	
<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>		✓

**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
ARAMARK SERVICES, INC., 1101 MARKET STREET, PHILADELPHIA, PA 19107	FOOD SERVICE	29,102,577
TISHMAN INTERIORS CORPORATION, 100 PARK AVENUE, NEW YORK, NY 10017	CONSTRUCTION	26,287,660
2U INC, 7900 HARKINS ROAD, LANHAM, MD 20706	ONLINE EDUCATION	11,531,100
ALLIED UNIVERSAL SECURITY SERVICES, EIGHT TOWER BRIDGE, 161 WASHINGTON, CONSHOHOCKEN, PA 19428	SECURITY SERVICES	8,215,049
THE LAND TEK GROUP, INC., 105 SWEENEYDALE AVE, BAY SHORE, NY 11706	CONSTRUCTION	2,933,662
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	307	

**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> 0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 1,915,451					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 32,088,907					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 145,816,553					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 6,643,776					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		179,820,911				
	<b>Program Service Revenue</b>			Business Code				
<b>2a</b>		TUITION AND FEES	611600	903,820,808	903,820,808	0		
<b>b</b>		STUDENT HOUSING & FOOD SERVICES	611710	120,712,763	119,629,686	0		
<b>c</b>		ATHLETIC AND SUMMER PROGRAMS	611710	5,929,202	5,929,202	0		
<b>d</b>		FEES FOR EDUCATIONAL SERVICES	611600	1,659,848	1,659,848	0		
<b>e</b>		FACILITIES RENTAL	611710	1,199,535	1,199,535	0		
<b>f</b>		All other program service revenue . . .		1,870,554	1,870,554	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		1,035,192,710				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		26,700,006	0	6,974,965		
	<b>4</b>	Income from investment of tax-exempt bond proceeds		516,918	0	0		
	<b>5</b>	Royalties . . . . .		1,153,062	0	0		
	<b>6a</b>	Gross rents . . . . .	(i) Real	395,410	0			
			(ii) Personal	0	0			
			<b>6b</b>	Less: rental expenses	0	0		
			<b>6c</b>	Rental income or (loss)	395,410	0		
	<b>d</b>	Net rental income or (loss) . . . . .		395,410	0	0		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	752,714,958	0			
			(ii) Other	0	0			
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	769,959,044	0		
			<b>7c</b>	Gain or (loss) . . . . .	(17,244,086)	0		
	<b>d</b>	Net gain or (loss) . . . . .		(17,244,086)	0	0		
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,915,451 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 397,595					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 1,562,316					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		(1,164,721)		0	(1,164,721)	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0					
		<b>9b</b>	0					
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		0	0	0	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	0					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b> 0				
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0	0	0	
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>	PARKING INCOME - OPEN TO PUBLIC	812930	462,053	0	462,053		
	<b>b</b>	TRAVEL TOURS	561500	47,206	0	47,206		
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .		0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		509,259					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,225,879,469	1,034,109,633	7,484,224	4,464,701		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,597,753	4,597,753		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	378,334,331	378,334,331		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	383,204	383,204		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,819,309	5,377,565	344,556	97,188
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	344,496,064	296,592,597	36,830,779	11,072,688
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	25,098,634	23,193,393	1,486,068	419,173
<b>9</b> Other employee benefits . . . . .	70,047,636	62,581,889	3,558,483	3,907,264
<b>10</b> Payroll taxes . . . . .	27,595,658	25,500,867	1,633,915	460,876
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	998,047		998,047	
<b>c</b> Accounting . . . . .	404,100		404,100	
<b>d</b> Lobbying . . . . .	11,850		11,850	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	430,854			430,854
<b>f</b> Investment management fees . . . . .	11,382,045		11,382,045	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	27,250,597	20,599,740	6,650,857	0
<b>12</b> Advertising and promotion . . . . .	8,674,239	8,113,975	231,110	329,154
<b>13</b> Office expenses . . . . .	12,787,912	11,541,106	881,380	365,426
<b>14</b> Information technology . . . . .	15,103,998	14,054,656	1,045,700	3,642
<b>15</b> Royalties . . . . .	94,285	94,285		
<b>16</b> Occupancy . . . . .	51,761,991	48,662,338	2,478,201	621,452
<b>17</b> Travel . . . . .	11,359,874	10,627,097	344,423	388,354
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	11,798,479	10,126,810	1,029,237	642,432
<b>20</b> Interest . . . . .	17,259,870	16,461,792	798,078	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	58,078,932	52,619,513	4,065,525	1,393,894
<b>23</b> Insurance . . . . .	6,406,045	3,547,218	2,853,875	4,952
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>STUDENT MEAL COSTS</u> . . . . .	23,481,754	23,481,754		
<b>b</b> <u>ONLINE LEARN - 3RD PTY PMT</u> . . . . .	12,030,263	12,030,263		
<b>c</b> <u>STUDENT EXCHANGE</u> . . . . .	9,507,392	9,507,392		
<b>d</b> <u>LIBRARY MATERIALS</u> . . . . .	5,513,524	5,512,089	1,119	316
<b>e</b> All other expenses . . . . .	26,366,452	22,967,035	2,740,391	659,026
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	1,167,075,092	1,066,508,662	79,769,739	20,796,691
<b>26</b> <b>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) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,452,167	<b>1</b>	7,640,786
	<b>2</b> Savings and temporary cash investments . . . . .	83,059,855	<b>2</b>	77,980,791
	<b>3</b> Pledges and grants receivable, net . . . . .	103,814,282	<b>3</b>	181,385,778
	<b>4</b> Accounts receivable, net . . . . .	13,283,309	<b>4</b>	12,694,564
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	4,480,846	<b>7</b>	4,170,170
	<b>8</b> Inventories for sale or use . . . . .	669,512	<b>8</b>	631,603
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,737,335	<b>9</b>	8,810,742
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,060,943,475		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 897,352,186	1,168,685,063	<b>10c</b> 1,163,591,289
	<b>11</b> Investments—publicly traded securities . . . . .	58,346,243	<b>11</b>	80,966,628
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	897,963,945	<b>12</b>	921,132,986
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	110,578,554	<b>15</b>	127,276,922
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	2,453,071,111	<b>16</b>	2,586,282,259	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	71,346,465	<b>17</b>	71,642,620
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	50,488,548	<b>19</b>	67,257,533
	<b>20</b> Tax-exempt bond liabilities . . . . .	456,778,585	<b>20</b>	430,385,546
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	33,805,913	<b>23</b>	38,839,368
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	20,000,000	<b>24</b>	15,000,000
	<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 . . . . .	148,762,411	<b>25</b>	176,114,457
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	781,181,922	<b>26</b>	799,239,524
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	781,721,886	<b>27</b>	776,339,735
	<b>28</b> Net assets with donor restrictions . . . . .	890,167,303	<b>28</b>	1,010,703,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	1,671,889,189	<b>32</b>	1,787,042,735
<b>33</b> Total liabilities and net assets/fund balances . . . . .	2,453,071,111	<b>33</b>	2,586,282,259	

**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>	1,225,879,469
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,167,075,092
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,804,377
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,671,889,189
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	69,811,243
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(13,462,074)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,787,042,735

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

**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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) CAROLYN M. ALBSTEIN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(26) DARIO WERTHEIN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(27) DARRYL EMERSON BROWN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(28) DAVID TANEN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(29) DONALD ALMEIDA ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(30) DONNA MORRIS ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(31) DONNA O. SMOLENS ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(32) EDWARD M. STROZ ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(33) EMANUEL CHIRICO ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(34) FREDERICK WILSON III ----- TRUSTEE (START 07/24)	1.0 ----- 0.0	✓						0	0	0
(35) GERALD R. BLASZCZAK, S.J. ----- TRUSTEE (END 06/25)	1.0 ----- 0.0	✓						0	0	0
(36) JAMES ROWEN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(37) JOHN L. LUMELLEAU ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(38) JOHN MURPHY ----- TRUSTEE (START 07/24)	1.0 ----- 0.0	✓						0	0	0
(39) JOSEPH G. MARINA, S.J. ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(40) KATHLEEN MACLEAN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(41) KIMBERLY BEPLER ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(42) LORI CRUZ DOTY ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(43) MANDELL CRAWLEY ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(44) MEAGHAN JARENSKY BARAKETT ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(45) MICHAEL DAVIDSON ----- TRUSTEE (START 09/24)	1.0 ----- 0.0	✓						0	0	0
(46) MICHAEL J. DOWLING ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(47) NORA AHERN GROSE ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(48) RICHARD P. SALMI, S.J. ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(49) RONALD DEPINHO ----- TRUSTEE (START 07/24)	1.0 ----- 0.0	✓						0	0	0
(50) SHERYL SILLERY DELLAPINA ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(51) SUSAN CONLEY SALICE ----- TRUSTEE (END 06/25)	1.0 ----- 0.0	✓						0	0	0
(52) THOMAS J. REGAN ----- TRUSTEE & VICE CHAIR	2.0 ----- 0.0	✓						0	0	0
(53) THOMAS ROONEY, JR. ----- TRUSTEE (START 07/24)	1.0 ----- 0.0	✓						0	0	0
(54) THOMAS SCIRGHI, S.J. ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(55) ULDERICO CALERO, JR. ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(56) VALERIE IRICK RAINFORD ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(57) WILLIAM J. TOPPETA ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>FORDHAM UNIVERSITY</b>	Employer identification number <b>13-1740451</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	124,473,071	109,617,911	94,485,027	92,392,609	179,820,911	600,789,529
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	124,473,071	109,617,911	94,485,027	92,392,609	179,820,911	600,789,529
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						110,559,359
<b>6 Public support.</b> Subtract line 5 from line 4						490,230,170

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	124,473,071	109,617,911	94,485,027	92,392,609	179,820,911	600,789,529
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	17,100,364	15,871,964	21,296,955	29,107,773	21,790,431	105,167,487
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					82,270	82,270
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	391,715	1,098,891	1,019,777	1,122,597	1,083,077	4,716,057
<b>11 Total support.</b> Add lines 7 through 10						710,755,343
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	4,617,560,285
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	68.97 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	79.19 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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 on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>1</b>		
<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.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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).		
	<b>1</b>		

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
<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>2</b>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <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 governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<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 identify those supported organizations and explain</b> 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>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<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? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</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.		
	<b>3b</b>		

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

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

<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</b>	<b>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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>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 0.85 of line 1.	<b>2</b>	0
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	0
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	0
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	0
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b> 0
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b> 0
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b> 0.00

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			0
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e	0		
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
<b>4</b> Distributions for 2024 from Section D, line 7: \$ 0			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.	0		
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		0	
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	0		
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			



Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	OTHER INCOME: LINE 10 INCLUDES OTHER PROGRAM REVENUE EXCLUDED FROM UNRELATED BUSINESS TAXABLE INCOME.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1)	391,715	1,098,891	1,019,777	1,122,597	1,083,077	4,716,057
	Total	391,715	1,098,891	1,019,777	1,122,597	1,083,077	4,716,057

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization <b>FORDHAM UNIVERSITY</b>	Employer identification number <b>13-1740451</b>
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**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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization <b>FORDHAM UNIVERSITY</b>	Employer identification number <b>13-1740451</b>
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**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	----- ----- -----	\$ 100,100,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 4,987,281	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FORDHAM UNIVERSITY</b>	Employer identification number <b>13-1740451</b>
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**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) <small>(See instructions.)</small>	(d) Date received
2	SECURITIES ----- ----- -----	\$ 4,987,281	07/19/2024
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

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

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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>FORDHAM UNIVERSITY</b>	Employer identification number (EIN) <b>13-1740451</b>
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**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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots 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%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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)).**

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?	✓		26,924
<b>d</b> Mailings to members, legislators, or the public?	✓		22,949
<b>e</b> Publications, or published or broadcast statements?	✓		8,014
<b>f</b> Grants to other organizations for lobbying purposes?	✓		4,447
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		146,335
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		18,683
<b>i</b> Other activities?	✓		12,207
<b>j</b> Total. Add lines 1c through 1i			239,559
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - LOBBYING ACTIVITIES	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.
SCHEDULE C, PART II-B, LINE 11 - OTHER LOBBYING ACTIVITIES	<p>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 2025 (AND THE PORTIONS OF WHICH WERE ATTRIBUTED TO LOBBYING ACTIVITIES) WERE AS FOLLOWS:</p> <p>THE ASSOCIATION OF JESUIT COLLEGES AND UNIVERSITIES \$127,629 (\$5,105)</p> <p>THE COMMISSION ON INDEPENDENT COLLEGES AND UNIVERSITIES \$97,712 (\$4,036)</p> <p>NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES &amp; UNIVERSITIES \$19,500 (\$1,365)</p> <p>AMERICAN COUNCIL ON EDUCATION \$15,408 (\$414)</p> <p>NATIONAL HUMANITIES ALLIANCE \$3,100 (\$930)</p> <p>LOBBYING ACTIVITIES DO NOT CONSTITUTE A SUBSTANTIAL PORTION OF FORDHAM'S ACTIVITIES.</p>

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for art and historical treasures.

**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 make 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 program
  - 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>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,024,789,190	978,178,230	972,445,875	1,000,215,785	712,774,540
<b>b</b> Contributions	12,672,915	24,847,077	23,634,831	63,049,670	118,069,666
<b>c</b> Net investment earnings, gains, and losses	78,518,620	83,867,264	68,489,155	(44,227,443)	212,399,359
<b>d</b> Grants or scholarships	18,754,836	18,931,297	17,691,027	15,389,788	14,806,543
<b>e</b> Other expenditures for facilities and programs	29,550,564	30,134,884	57,142,454	21,372,761	17,799,657
<b>f</b> Administrative expenses	13,638,324	13,037,200	11,558,150	9,829,588	10,421,580
<b>g</b> End of year balance	1,054,037,001	1,024,789,190	978,178,230	972,445,875	1,000,215,785

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

- a** Board designated or quasi-endowment 40.09 %
- b** Permanent endowment 39.25 %
- c** Term endowment 20.66 %

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

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
<b>3a(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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		14,607,246		14,607,246
<b>b</b> Buildings		1,627,178,300	597,644,029	1,029,534,271
<b>c</b> Leasehold improvements		7,471,183	3,483,433	3,987,750
<b>d</b> Equipment		355,665,597	279,439,592	76,226,005
<b>e</b> Other		56,021,149	16,785,132	39,236,017
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,163,591,289

**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) NON-PUBLIC EQUITY FUNDS	134,298,399	END OF YEAR MARKET VALUE
(B) ABSOLUTE RETURN HEDGE FUNDS	173,570,081	END OF YEAR MARKET VALUE
(C) PRIVATE CAPITAL FUNDS	613,264,506	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	<b>921,132,986</b>	

**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, line 13, col. (B)) . . .		

**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, line 15, col. (B)) . . . . .	

**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) POSTRETIREMENT BENEFIT OBLIGATION	66,219,000
(3) U.S. GOVT REFUNDABLE ADVANCES	21,563
(4) AMOUNTS HELD ON BEHALF OF OTHERS	5,913,017
(5) OPERATING LEASE LIABILITIES	103,960,877
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	<b>176,114,457</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .



**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	CHANGE IN FAIR VALUE OF PERPETUAL TRUST	- 57,134
	CHANGE IN VALUE OF INTEREST RATE SWAP	- 345,726
	FINANCIAL AID AWARDS	- 378,334,331
	CHANGE IN POST RETIREMENT HEALTH BENEFITS OTHER THAN NET PERIODIC BENEFIT COST	- 11,947,000
	NET PERIODIC BENEFIT COST OTHER THAN SERVICE COST	1,800,000
	TRAVEL TOUR EXPENSE	- 6,157
	<b>TOTAL</b>	<b>- 388,890,348</b>
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	SPECIAL EVENT EXPENSES	- 1,562,316
	<b>TOTAL</b>	<b>- 1,562,316</b>
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	SPECIAL EVENTS EXPENSES	1,562,316
	LONDON EXPENSES AND CURRENCY ADJ	3,204,941
	<b>TOTAL</b>	<b>4,767,257</b>
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	FINANCIAL AID AWARDS	378,334,331
	TRAVEL TOURS EXPENSE	6,157
	<b>TOTAL</b>	<b>378,340,488</b>

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF 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 350 ANTIQUITIES DATING FROM THE 10TH CENTURY B.C. THROUGH THE 6TH CENTURY C.E. 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 - INTENDED USES OF ENDOWMENT FUNDS	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 - FIN 48 (ASC 740) FOOTNOTE	<p>INCOME TAXES: THE UNIVERSITY EVALUATES UNCERTAINTIES IN INCOME TAXES AND ACCOUNTS FOR THEM IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THEY EXCEED A THRESHOLD OF MORE LIKELY THAN NOT OF BEING SUSTAINED. THE UNIVERSITY HAS NO MATERIAL UNCERTAIN TAX POSITIONS.</p> <p>INCOME GENERATED FROM ACTIVITIES THAT SUPPORT THE UNIVERSITY'S MISSION BUT MAY NOT DIRECTLY RELATE TO ITS EXEMPT PURPOSE (I.E. UNRELATED BUSINESS ACTIVITIES), IS SUBJECT TO TAX. IN CONNECTION WITH THE UNIVERSITY'S ROUTINE EVALUATION OF UNRELATED BUSINESS ACTIVITIES, A DEFERRED TAX ASSET TOTALING \$1,294,000 AND \$1,386,000 AT JUNE 30, 2025 AND 2024, RESPECTIVELY, WAS RECOGNIZED, WHICH IS INCLUDED IN OTHER ASSETS ON THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION, TO REFLECT THE FACT THAT NET OPERATING LOSS CARRYFORWARDS WILL LIKELY BE DEDUCTIBLE AGAINST FUTURE TAXABLE INCOME.</p>

**SCHEDULE E  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Schools**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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? . . . . .	✓	
<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? . . . . .	✓	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . . <u>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.</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? . . . . .	✓	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	✓	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	✓	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	✓	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		✓
<b>b</b> Admissions policies? . . . . .		✓
<b>c</b> Employment of faculty or administrative staff? . . . . .		✓
<b>d</b> Scholarships or other financial assistance? . . . . .		✓
<b>e</b> Educational policies? . . . . .		✓
<b>f</b> Use of facilities? . . . . .		✓
<b>g</b> Athletic programs? . . . . .		✓
<b>h</b> Other extracurricular activities? . . . . . 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? . . . . .	✓	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" on either line 6a or line 6b, explain in 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II . . . . .	✓	

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

Return Reference - Identifier	Explanation
SCHEDULE E, PART I, LINE 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	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, THE U.S. ENVIRONMENTAL PROTECTION AGENCY, AND VARIOUS OTHER FEDERAL, NEW YORK STATE AND NEW YORK CITY AGENCIES.

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	2	77	PROGRAM SERVICES	INTERNATIONAL STUDIES	14,311,444
(2) EAST ASIA AND THE PACIFIC	0	20	PROGRAM SERVICES	INTERNATIONAL STUDIES	788,587
(3) EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	LAW SCHOOL	73,979
(4) SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	LAW SCHOOL	39,053
(5) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	17	PROGRAM SERVICES	LAW SCHOOL	211,899
(6) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	INVESTMENTS	332,596,230
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS	INVESTMENTS	37,158,353
(8) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	INVESTMENTS	94,412,577
(9) SOUTH ASIA	0	0	GRANTMAKING	RESEARCH	58,782
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	RESEARCH	45,000
(11) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	RESEARCH	16,545
(12) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	RESEARCH	262,877
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	2	118			479,975,326
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	2	118			479,975,326

**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)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	45,000	WIRE			
(2)			SOUTH ASIA	RESEARCH	58,782	WIRE			
(3)			SUB-SAHARAN AFRICA	RESEARCH	16,545	WIRE			
(4)			EAST ASIA AND THE PACIFIC	RESEARCH	262,877	WIRE			
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 4

3 Enter total number of other organizations or entities . . . . . 0

**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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>GRANT MONITORING: ANY ORGANIZATION 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 SUBGRANTING AGENCY AND UPON THE RESULTS OF A PREAWARD RISK ASSESSMENT, WHICH IS PERFORMED ON ALL SUBRECIPIENTS PRIOR TO ISSUING AWARDS.</p> <p>FINANCIAL AND PROGRAM PROGRESS REPORTS RECEIVED FROM SUBGRANTEES ARE MONITORED AND REVIEWED BY PRINCIPAL INVESTIGATORS, THE OFFICE OF SPONSORED PROGRAMS AND THE SUBGRANTS 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.</p>
SCHEDULE F, PART V - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING, CONSISTENT WITH THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS.

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public Inspection**

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 nongovernment 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			
<b>1</b> CORE GROUP, 650 CARVER BEACH RD, CHANHASSEN, MN 55317-2101	PROF. FUNDRAISING		✓		23,700	
<b>2</b> MCVICKER & HIGGINBOTHAM, INC, 43-34 32ND PLACE, LONG ISLAND CITY, NY 11101	PROF. FUNDRAISING		✓		60,543	
<b>3</b> MARKETING COMMUNICATION RESOURCE, INC, 4800 E 345TH ST, WILLOUGHBY, OH 44094	PROF. FUNDRAISING		✓		205,699	
<b>4</b> RUFFALO NOEL LEVITZ, 1025 KIRKWOOD PARKWAY SW, CEDAR RAPIDS, IA 52404	PROF. FUNDRAISING		✓	223,687	38,377	185,310
<b>5</b> EVERTRUE, 330 CONGERS STREET, BOSTON, MA 02210	PROF. FUNDRAISING		✓		59,469	
<b>6</b> PENTERA, 8650 COMMERCE PARK PLACE, SUITE G, INDIANAPOLIS, IN 46268	PROF. FUNDRAISING		✓		43,066	
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				223,687	430,854	185,310

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

CA, 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
		<u>FOUNDERS DINNER</u> (event type)	<u>GOLF CLASSIC</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,626,772	249,570	436,704	2,313,046
	<b>2</b> Less: Contributions . . . . .	1,474,572	112,950	327,929	1,915,451
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	152,200	136,620	108,775	397,595
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	10,262	0	10,262
	<b>6</b> Rent/facility costs . . . . .	160,762	283,593	114,394	558,749
	<b>7</b> Food and beverages . . . . .	591,622	0	19,491	611,113
	<b>8</b> Entertainment . . . . .	266,010	0	2,732	268,742
	<b>9</b> Other direct expenses . . . . .	107,815	0	5,635	113,450
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					(1,164,721)

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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: \_\_\_\_\_

\_\_\_\_\_



Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES		
		Name	Description
		CORE GROUP	CORE GROUP PROVIDES CONSULTING SERVICES TO HELP ANALYZE OUR GIVING AND STAFFING DATA AND EVALUATE THE CASE FOR ADDITIONAL INVESTMENTS IN FUNDRAISING RESOURCES.  WE ARE UNABLE TO DIRECTLY TRACE THESE EFFORTS TO CONTRIBUTIONS RECEIVED, THEREFORE, NO GROSS RECEIPTS HAVE BEEN ALLOCATED IN PART I, LINE 2B, COLUMN (IV).
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES		
		Name	Description
		MCVICKER & HIGGINBOTHAM, INC	MCVICKER & HIGGINBOTHAM, INC. PROVIDES FORDHAM WITH SERVICES SUCH AS SETUP AND DISTRIBUTION OF DIRECT MAIL MARKETING FOR FUNDRAISING SOLICITATIONS, INCLUDING TASKS LIKE SEGMENTING AND INSERTION.  WE ARE UNABLE TO DIRECTLY TRACE THESE EFFORTS TO CONTRIBUTIONS RECEIVED, THEREFORE, NO GROSS RECEIPTS HAVE BEEN ALLOCATED IN PART I, LINE 2B, COLUMN (IV).
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES		
		Name	Description
		MARKETING COMMUNICATION RESOURCE, INC	MARKETING COMMUNICATION RESOURCE, INC PROVIDES FORDHAM WITH SERVICES SUCH AS DESIGNING, PRINTING, PRODUCTION OF DIRECT MAIL SOLICITATIONS.  WE ARE UNABLE TO DIRECTLY TRACE THESE EFFORTS TO CONTRIBUTIONS RECEIVED, THEREFORE, NO GROSS RECEIPTS HAVE BEEN ALLOCATED IN PART I, LINE 2B, COLUMN (IV).
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES		
		Name	Description
		RUFFALO NOEL LEVITZ	RUFFALO NOEL LEVITZ, LLC PROVIDES CONSULTING SERVICES TO FORDHAM UNIVERSITY TO HELP SUPPORT ITS TELEMARKETING FUNDRAISING STRATEGY. THE FIRM ALSO PERFORMS SEGMENTATION AND PLEDGE FULFILLMENT VIA DIRECT MAIL.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES		
		Name	Description
		EVERTRUE	EVERTRUE, INC. PROVIDES ACCESS TO A DONOR MANAGEMENT FUNDRAISING SOFTWARE THAT HELPS TO DISCOVER PROSPECTS, MAKE ASKS, AND STEWARD DONORS.  WE ARE UNABLE TO DIRECTLY TRACE THESE EFFORTS TO CONTRIBUTIONS RECEIVED, THEREFORE, NO GROSS RECEIPTS HAVE BEEN ALLOCATED IN PART I, LINE 2B, COLUMN (IV).
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES		
		Name	Description
		PENTERA	PENTERA PROVIDES SERVICES SPECIFICALLY DESIGNED TO SECURE LARGE COMPLEX DONATIONS LIKE BEQUESTS, CHARITABLE GIFT ANNUITIES, AND GIFTS OF STOCK.  WE ARE UNABLE TO DIRECTLY TRACE THESE EFFORTS TO CONTRIBUTIONS RECEIVED, THEREFORE, NO GROSS RECEIPTS HAVE BEEN ALLOCATED IN PART I, LINE 2B, COLUMN (IV).

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY 10461	83-0621846	501 (C) (3)	34,085				RESEARCH
<b>(2)</b> AUBURN UNIVERSITY 126 INGRAM HALL, AUBURN, AL 36849	63-6000724	GOVERNMENT	19,364				RESEARCH
<b>(3)</b> AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE, AZUSA, CA 91702	95-1744369	501 (C) (3)	16,911				RESEARCH
<b>(4)</b> (SEE STATEMENT)	13-4088607	501 (C) (3)	5,208				RESEARCH
<b>(5)</b> BUTLER HOSPITAL 350 DUNCAN DR, PROVIDENCE, RI 02906	05-0258812	501 (C) (3)	71,527				RESEARCH
<b>(6)</b> (SEE STATEMENT)	32-0291662	501 (C) (3)	65,254				RESEARCH
<b>(7)</b> CALIFORNIA STATE UNIVERSITY, EAST BAY 25800 CARLOS BEE BLVD, HAYWARD, CA 94542	94-1524922	GOVERNMENT	96,154				RESEARCH
<b>(8)</b> CENTRAL CONNECTICUT STATE UNIVERSITY 1615 STANLEY STREET, NEW BRITAIN, CT 06053	06-1303381	GOVERNMENT	177,787				RESEARCH
<b>(9)</b> (SEE STATEMENT)	66-0470703	501 (C) (3)	14,690				RESEARCH
<b>(10)</b> (SEE STATEMENT)	66-0780024	501 (C) (3)	119,752				RESEARCH
<b>(11)</b> DUKE UNIVERSITY 2200 W MAIN ST, STE 300, DURHAM, NC 27705	56-0532129	501 (C) (3)	246,068				RESEARCH
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 44

**3** Enter total number of other organizations listed in the line 1 table 0



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) INDIANA UNIVERSITY 509 E 3RD ST, BLOOMINGTON, IN 47401	35-6001673	501 (C) (3)	241,301				RESEARCH
(13) BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE 500 NEWTOWN PIKE, LEXINGTON, KY 40508	61-1320380	GOVERNMENT	113,475				RESEARCH
(14) MEHARRY MEDICAL COLLEGE 1005 DR D B TODD JR BLVD, NASHVILLE, TN 37208	62-0488046	501 (C) (3)	56,585				RESEARCH
(15) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PL, NEW YORK, NY 10029	13-6171197	501 (C) (3)	953,100				RESEARCH
(16) NATIONAL OPINION RESEARCH CENTER (NORC) 55 E MONROE STREET, 20TH FL, CHICAGO, IL 60603	36-2167808	501 (C) (3)	8,288				RESEARCH
(17) NEW YORK IMMIGRATION COALITION INC. 131 W 33RD ST, STE 610, NEW YORK, NY 10001	13-3573409	501 (C) (3)	256,725				RESEARCH
(18) NYU GROSSMAN SCHOOL OF MEDICINE 550 FIRST AVE, NEW YORK, NY 10016	13-5562309	501 (C) (3)	23,410				RESEARCH
(19) PILNET 199 WATER STREET, 11TH FL, NEW YORK, NY 10038	20-5087783	501 (C) (3)	88,459				RESEARCH
(20) POLYTECHNIC UNIVERSITY OF PUERTO RICO 377 PONCE DE LEON AVE, HATO REY, PR 00918	66-0362666	501 (C) (3)	36,872				RESEARCH
(21) REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BLVD, LOS ANGELES, CA 90095	95-6006143	501 (C) (3)	188,746				RESEARCH
(22) REGENTS OF THE UNIVERSITY OF CALIFORNIA, RIVERSIDE 900 UNIVERSITY AVE, RIVERSIDE, CA 92521	95-6006142	501 (C) (3)	58,667				RESEARCH
(23) REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR, LA JOLLA, CA 92093	95-6006144	GOVERNMENT	162,345				RESEARCH
(24) REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 490 ILLINOIS ST, SAN FRANCISCO, CA 94158	94-6036493	GOVERNMENT	127,590				RESEARCH
(25) RHODE ISLAND HOSPITAL 593 EDDY STREET, PROVIDENCE, RI 02903	05-0258954	501 (C) (3)	8,105				RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(26) SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DRIVE MC1947, SAN DIEGO, CA 92182	95-6042721	501 (C) (3)	7,399				RESEARCH
(27) STANFORD UNIVERSITY 450 JANE STANFORD WAY, STANFORD, CA 94305	94-1156365	501 (C) (3)	35,247				RESEARCH
(28) TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PKWY SOUTH, STE 300, COLLEGE STATION, TX 77845	74-2907553	GOVERNMENT	7,201				RESEARCH
(29) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY SOUTH, STE 300, COLLEGE STATION, TX 77845	74-6000541	GOVERNMENT	52,600				RESEARCH
(30) THE PENNSYLVANIA STATE UNIVERSITY 200 INNOVATION BLVD, STE 110, UNIVERSITY PARK, PA 16802	24-6000376	GOVERNMENT	6,257				RESEARCH
(31) TRUSTEES OF BOSTON UNIVERSITY 25 BUICK ST, STE 200, BOSTON, MA 02215	04-2103547	501 (C) (3)	39,443				RESEARCH
(32) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST, FRANKLIN BLDG, 5TH FL, PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	41,680				RESEARCH
(33) TULANE UNIVERSITY 1430 TULANE AVE, NEW ORLEANS, LA 70112	72-0423889	501 (C) (3)	36,179				RESEARCH
(34) UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PKWY, STE 501, ORLANDO, FL 32826	59-2924021	GOVERNMENT	5,871				RESEARCH
(35) UNIVERSITY OF CHICAGO 6054 S DREXEL AVE, STE 200, CHICAGO, IL 60637	36-2177139	501 (C) (3)	126,533				RESEARCH
(36) UNIVERSITY OF COLORADO 3100 MARINE ST, BOULDER, CO 80309	84-6000555	501 (C) (3)	13,270				RESEARCH
(37) UNIVERSITY OF CONNECTICUT 438 WHITNEY RD EXT, UNIT 1006, STORRS, CT 06269	06-0772160	GOVERNMENT	24,936				RESEARCH
(38) UNIVERSITY OF ILLINOIS 1901 S FIRST ST, CHAMPAIGN, IL 61820	37-6000511	501 (C) (3)	260,924				RESEARCH
(39) UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. 3901 RAINBOW BLVD, MSN 1039, KANSAS CITY, KS 66160	48-1108830	501 (C) (3)	40,251				RESEARCH
(40) UNIVERSITY OF NEBRASKA MEDICAL CENTER 978835 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198	47-0049123	501 (C) (3)	38,934				RESEARCH
(41) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR, CB 1350, CHAPEL HILL, NC 27599	56-6001393	501 (C) (3)	14,532				RESEARCH

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(42) UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 UNIVERSITY CITY BLVD, CHARLOTTE, NC 28223	56-0791228	GOVERNMENT	23,790				RESEARCH
(43) UNIVERSITY OF WASHINGTON BOX 359472, 4333 BROOKLYN AVE NE, SEATTLE, WA 98195	91-6001537	GOVERNMENT	84,427				RESEARCH
(44) YALE UNIVERSITY PO BOX 208327, 25 SCIENCE PARK, 150 MUNSON STREET, 3RD FL, NEW HAVEN, CT 06520	06-0646973	501 (C) (3)	539,306				RESEARCH

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>GRANT MONITORING: ANY ORGANIZATION 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 SUBGRANTING AGENCY AND UPON THE RESULTS OF A PREAWARD RISK ASSESSMENT, WHICH IS PERFORMED ON ALL SUBRECIPIENTS PRIOR TO ISSUING AWARDS.</p> <p>FINANCIAL AND PROGRAM PROGRESS REPORTS RECEIVED FROM SUBGRANTEES ARE MONITORED AND REVIEWED BY PRINCIPAL INVESTIGATORS, THE OFFICE OF SPONSORED PROGRAMS AND THE SUBGRANTS 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.</p> <p>SCHOLARSHIP GRANT MONITORING: FORDHAM PROVIDES VARIOUS TYPES OF FINANCIAL ASSISTANCE TO PROMOTE ACCESS AND AFFORDABILITY TO STUDENTS. FORDHAM'S STUDENT FINANCIAL AID DEPARTMENT 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 COURSE LOAD, DEMONSTRATED ACADEMIC PROGRESS, AND OTHER SIMILAR REQUIREMENTS.</p> <p>SCHOLARSHIP GRANTS ARE APPLIED DIRECTLY TOWARD A STUDENT'S TUITION AND ROOM AND BOARD COSTS, THEREBY ENSURING THE FUNDS ARE USED AS INTENDED.</p>
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>BUSINESS INITIATIVE CORPORATION OF NEW YORK</p> <p>851 GRAND CONCOURSE, STE 123, BRONX, NY 10451</p>
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CALIFORNIA STATE UNIVERSITY, BAKERSFIELD AUXILIARY FOR SPONSORED PROGRAMS ADMINISTRATION</p> <p>9001 STOCKDALE HIGHWAY, BAKERSFIELD, CA 93311</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS, INC.</p> <p>PO BOX 380, ST THOMAS, VI 00804</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CONPRMETIDOS, CORP.</p> <p>1250 AVE PONCE DE LEON, PMB 0327, SAN JUAN, PR 00907</p>

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

**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

**Open to Public  
Inspection**

Employer identification number

13-1740451

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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 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)                 </p>		
<p><b>b</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 . . . . .</p>	✓	
<p><b>2</b> 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? . . . . .</p>	✓	
<p><b>3</b> Indicate which, if any, of the following the 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" 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                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	✓	
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	✓	
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p><b>7</b> 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 . . . . .</p>	✓	
<p><b>8</b> 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 . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**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 and/or 1099-NEC 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	TANIA TETLOW PRESIDENT & TRUSTEE	(i) 1,289,304	200,000	106,430	142,726	108,338	1,846,798	0
	(ii)	0	0	0	0	0	0	0
2	KEITH A. URGO HEAD MEN'S BASKETBALL COACH (THRU 03/25)	(i) 886,139	0	12,975	24,147	50,607	973,868	0
	(ii)	0	0	0	0	0	0	0
3	DENNIS C. JACOBS PROVOST & SVP OF ACADEMIC AFFAIRS	(i) 659,414	0	52,658	37,950	48,765	798,787	0
	(ii)	0	0	0	0	0	0	0
4	OLATOKUMBO SHOBIWALE SVP, CFO & TREASURER	(i) 651,525	0	18,667	60,950	642	731,784	0
	(ii)	0	0	0	0	0	0	0
5	ROGER MILICI VP FOR DEVELOPMENT & UNIVERSITY RELATIONS	(i) 540,421	0	98,208	37,950	5,892	682,471	0
	(ii)	0	0	0	0	0	0	0
6	GEETA PALSHIKAR CHIEF INVESTMENT OFFICER	(i) 465,360	116,044	1,430	37,950	49,557	670,341	0
	(ii)	0	0	0	0	0	0	0
7	MATTHEW DILLER DEAN & PROFESSOR	(i) 478,974	0	63,170	37,950	49,217	629,311	0
	(ii)	0	0	0	0	0	0	0
8	ANAND PADMANABHAN VP OF INFORMATION TECHNOLOGY & CIO	(i) 405,732	0	2,510	17,250	186,624	612,116	0
	(ii)	0	0	0	0	0	0	0
9	DONNA M. RAPACCIOLI PROFESSOR	(i) 520,486	0	3,752	37,950	46,676	608,864	0
	(ii)	0	0	0	0	0	0	0
10	JONATHAN CRYSTAL FORMER VICE PROVOST FOR ACADEMIC AFFAIRS	(i) 474,417	0	2,510	37,950	48,835	563,712	0
	(ii)	0	0	0	0	0	0	0
11	MARCO VALERA VP FOR ADMINISTRATION	(i) 487,989	0	16,358	37,950	17,105	559,402	0
	(ii)	0	0	0	0	0	0	0
12	ANTHONY GRONO FORMER INTERIM VP OF FIN & ASST TREAS	(i) 282,298	0	51,417	32,388	112,246	478,349	0
	(ii)	0	0	0	0	0	0	0
13	KAY TURNER VP FOR HUMAN RESOURCES	(i) 407,886	0	2,510	37,950	22,207	470,553	0
	(ii)	0	0	0	0	0	0	0
14	MARGARET T. BALL FORMER VICE PRES. & GENERAL COUNSEL	(i) 0	0	435,805	0	0	435,805	0
	(ii)	0	0	0	0	0	0	0
15	JOHN BUCKLEY FORMER SVP FOR ENROLLMENT	(i) 316,011	0	2,449	36,103	50,446	405,009	0
	(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)						
	(ii)							

**Part II**

**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) DOROTHY MARINUCCI UNIVERSITY SECRETARY & SECRETARY TO BOARD OF TRUSTEES	(i)	299,039	0	21,099	33,894	47,194	401,226	0
	(ii)	0	0	0	0	0	0	0
(17) MARTHA K. HIRST FORMER SVP, CFO & TREASURER	(i)	0	0	331,205	0	0	331,205	0
	(ii)	0	0	0	0	0	0	0
(18) MICHAEL TREROTOLA CHIEF OF STAFF & ASST UNIV SECRETARY	(i)	181,888	5,000	674	21,863	54,995	264,420	0
	(ii)	0	0	0	0	0	0	0
(19) JOSHUA L. BURGHER VP FOR FINANCE & ASSISTANT TREASURER (START 07/24)	(i)	235,702	0	1,086	10,920	1,209	248,917	0
	(ii)	0	0	0	0	0	0	0
(20) JEFFREY GRAY FORMER SVP OF STUDENT AFFAIRS	(i)	0	0	211,643	0	0	211,643	0
	(ii)	0	0	0	0	0	0	0

**Part III**

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	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, THE MEN'S AND WOMEN'S BASKETBALL TEAMS AND THE FOOTBALL TEAM UTILIZE CHARTER TRAVEL.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE UNIVERSITY'S PRESIDENT, PROVOST, AND THE SENIOR VICE PRESIDENT, CFO, AND TREASURER, EACH RECEIVE A TAXABLE HOUSING ALLOWANCE, WHICH IS INCLUDED IN OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(III).
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SEPARATION PAYMENTS DURING THE YEAR: THE UNIVERSITY'S FORMER GENERAL COUNSEL AND VICE PRESIDENT, FORMER SENIOR VICE PRESIDENT FOR STUDENT AFFAIRS, AND FORMER SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, TREASURER RECEIVED SEPARATION PAYMENTS, AS REPORTED IN PART II, COLUMN (B)(III).
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DEFERRED COMPENSATION DURING THE YEAR: THE UNIVERSITY'S PRESIDENT PARTICIPATED IN A 457(F) PLAN WITH CONTRIBUTIONS OF \$81,776. THESE AMOUNTS ARE REPORTED IN PART II, COLUMN C.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	NON-FIXED PAYMENTS: TWO OFFICERS AND ONE HIGHEST COMPENSATED EMPLOYEE RECEIVED A DISCRETIONARY BONUS PAYMENT DURING CALENDAR YEAR 2024, AS REPORTED IN PART II, COLUMN (B)(II).

**SCHEDULE K  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

**Open to Public  
Inspection**

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		✓		✓		✓
<b>B</b>	DASNY SERIES 2016A	14-6000293	64990BD75	05/05/2016	169,720,220	(SEE STATEMENT)		✓		✓		✓
<b>C</b>	DASNY SERIES 2017	14-6000293	64990C5S6	12/21/2017	91,211,032	REFUNDING 2011 DEBT ISSUE		✓		✓		✓
<b>D</b>	DASNY SERIES 2020	14-6000293	64990GXZ0	01/29/2020	165,170,475	EXPANSION & REFURBISHMENT OF CAMPUS CENTER		✓		✓		✓

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	62,125,000		60,405,000		16,125,000			
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	96,895,000		169,720,220		91,211,032		165,170,475	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .							14,067,298	
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	602,276		1,209,489		826,227		978,177	
<b>8</b>	Credit enhancement from proceeds . . . . .	59,047							
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			15,075,000				150,000,000	
<b>11</b>	Other spent proceeds . . . . .	96,233,677		153,435,731		90,384,805		125,000	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2008		2016		2017		2022	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓		✓			✓		✓
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓	✓		✓			✓
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓		✓		✓	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓		✓	

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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? . . . . .		✓		✓		✓		✓
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<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? . . . . .		✓		✓		✓		✓
<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 . . . . .	0.00 %		0.00 %		0.00 %		0.00 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<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?		✓		✓		✓		✓
<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? . . . . .	✓		✓		✓		✓	

**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? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓		✓		✓		✓
<b>b</b> Exception to rebate? . . . . .		✓		✓	✓			✓
<b>c</b> No rebate due? . . . . .	✓		✓			✓	✓	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .	12/31/2023		05/05/2021				01/29/2025	
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓			✓		✓		✓



**SCHEDULE K  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

**Open to Public  
Inspection**

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 2021A	14-6000293	65000BFZ6	11/17/2021	32,437,976	REFUND 2016A DEBT ISSUE		✓		✓		✓
<b>B</b>	DASNY SERIES 2024	14-6000293	65000BGQ5	04/03/2024	42,287,963	REFUND 2014 DEBT ISSUE		✓		✓		✓
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	1,420,000		2,205,000					
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	32,437,976		42,287,963					
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .			3,834					
<b>6</b>	Proceeds in refunding escrows . . . . .	32,108,307		41,805,000					
<b>7</b>	Issuance costs from proceeds . . . . .	329,669		214,358					
<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 . . . . .			268,605					
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2021		2024					
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	✓		✓					
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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? . . . . .		✓		✓				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓		✓				
<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? . . . . .		✓		✓				
<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 . . . . .		0.00 %		0.00 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓				
<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?		✓		✓				
<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? . . . . .	✓		✓					

**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? . . . . .		✓		✓				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .	✓		✓					
<b>b</b> Exception to rebate? . . . . .		✓		✓				
<b>c</b> No rebate due? . . . . .		✓		✓				
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? . . . . .		✓		✓				



Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: DASNY SERIES 2016A	REFUND PRIOR ISSUES AND RENOVATE ACADEMIC BUILDINGS
SCHEDULE K, PART I - BOND ISSUES	<p>2008 BOND ISSUE: (A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (F) DESCRIPTION OF PURPOSE: REFUND CERTAIN TRanches OF THE 2005 DEBT ISSUE AND COVER COSTS OF ISSUANCE OF THE 2008A DEBT ISSUE</p> <p>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</p> <p>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</p> <p>2020 BOND ISSUE (A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (F) DESCRIPTION OF PURPOSE: EXPANSION AND REFURBISHMENT OF THE UNIVERSITY'S CAMPUS CENTER, PAYMENTS OF CAPITALIZED INTEREST AND COVER COSTS OF ISSUANCE</p> <p>2021 BOND ISSUE (A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (F) DESCRIPTION OF PURPOSE: REFUND TRanches OF THE 2016A DEBT ISSUE AND COVER COSTS OF ISSUANCE OF THE 2021A DEBT ISSUE</p> <p>2024 BOND ISSUE (A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (F) DESCRIPTION OF PURPOSE: REFUND 2014 DEBT ISSUE AND COVER COSTS OF ISSUANCE OF THE 2024 DEBT ISSUE</p>
SCHEDULE K, PART III, LINE 4	ALL ACTIVITIES AND CONTRACTS CURRENTLY OPERATED WITHIN BOND-FINANCED SPACE ARE EITHER RELATED TO FORDHAM UNIVERSITY'S TAX EXEMPT PURPOSE OR FALL WITHIN ONE OF THE SAFE HARBORS AND/OR EXCEPTIONS, AND CONSEQUENTLY DO NOT RESULT IN PRIVATE BUSINESS USE IN THE BOND-FINANCED SPACE.
SCHEDULE K, PART IV, LINE 2C	SCHEDULE K, PART IV, (1), LINE 2C, COLUMN C 2017 BOND ISSUE THE BOND MET THE 6-MONTH SPENDING EXCEPTION TO THE REBATE REQUIREMENT.
SCHEDULE K, PART IV, LINE 4C - COLUMN A	ARBITRAGE THE UNIVERSITY PAYS A FIXED RATE OF 3.2475% AND RECEIVES 67% OF DAILY SOFR COMPOUNDED + 11.448 BPS MINUS THE WEEKLY SIFMA INDEX BOND RATE ON THE NOTIONAL PRINCIPAL AMOUNT OF THE 2008A BONDS.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: DASNY SERIES 2008A THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/31/2023
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: DASNY SERIES 2016A THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 05/05/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN D	ISSUER NAME: DASNY SERIES 2020 THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 01/29/2025

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
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 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 . . . . .				
2 Art—Historical treasures . . . . .	✓	1	32,325	OPINIONS OF EXPERTS
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 . . . . .	✓	36	6,600,951	MARKET VALUE
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 ( <u>(SEE STATEMENT)</u> )				
26 Other ( _____ )				
27 Other ( _____ )				
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 V, Donee Acknowledgement . . . . .	29	6
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	Yes	No
30a		
30a		✓
b		
31	✓	
32a	✓	
b		
33		

**Part I****Types of Property** (continued)

Property Type	(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
USED ANTI-GRAVITY TREADMILL	✓	1	10,500	OPINIONS OF EXPERTS

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTORS OTHER - USED ANTI-GRAVITY TREADMILL NUMBER OF CONTRIBUTORS ART - HISTORICAL TREASURES - NUMBER OF CONTRIBUTORS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE UNIVERSITY UTILIZES A THIRD-PARTY COMPANY TO HANDLE ALL ASPECTS OF VEHICLE DONATIONS. A NET CHECK IS PAID DIRECTLY TO THE UNIVERSITY ONCE THE VEHICLES ARE SOLD; THEREFORE, VEHICLES ARE NOT REPORTED AS NON-CASH CONTRIBUTIONS ON SCHEDULE M.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Fordham University

Employer identification number

13-1740451

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>MISSION STATEMENT:</p> <p>THE MISSION OF THE UNIVERSITY</p> <p>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, SOCIAL, AND MORAL DEVELOPMENT OF ITS STUDENTS, PREPARING THEM FOR LEADERSHIP IN A GLOBAL SOCIETY.</p> <p>CHARACTERISTICS OF THE UNIVERSITY</p> <p>AS A UNIVERSITY - FORDHAM STRIVES FOR EXCELLENCE IN RESEARCH AND TEACHING, AND GUARANTEES THE FREEDOM OF INQUIRY REQUIRED FOR RIGOROUS THINKING AND THE QUEST FOR TRUTH.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>FORDHAM ENCOURAGES FACULTY TO DISCUSS AND PROMOTE AN UNDERSTANDING OF THE ETHICAL DIMENSION OF WHAT IS BEING STUDIED AND WHAT IS BEING TAUGHT.</p> <p>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 CULTURE.</p> <p>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.</p> <p>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.</p> <p>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 COLLABORATION AMONG STUDENTS, FACULTY, AND STAFF.</p> <p>FORDHAM IS COMMITTED TO RESEARCH AND EDUCATION THAT ASSIST IN THE ADVANCEMENT OF KNOWLEDGE, THE ALLEVIATION OF POVERTY, THE PROMOTION OF JUSTICE, THE PROTECTION OF HUMAN RIGHTS, AND RESPECT FOR THE ENVIRONMENT.</p> <p>JESUIT EDUCATION IS COSMOPOLITAN EDUCATION. THEREFORE, EDUCATION AT FORDHAM IS INTERNATIONAL IN ITS SCOPE AND IN ITS ASPIRATIONS. THE WORLDWIDE NETWORK OF JESUIT UNIVERSITIES OFFERS FORDHAM FACULTY AND STUDENTS DISTINCTIVE OPPORTUNITIES FOR INTERNATIONAL EXCHANGE AND COLLABORATION.</p> <p>AS A UNIVERSITY IN NEW YORK CITY - AS HOME TO PEOPLE FROM ALL OVER THE GLOBE, AS A CENTER OF INTERNATIONAL BUSINESS, COMMUNICATION, DIPLOMACY, AND 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.</p> <p>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.</p> <p>STRATEGIC PLANNING: IN 2021, THE UNIVERSITY INITIATED A 5-YEAR PLAN, "EDUCATING FOR JUSTICE: FORDHAM UNIVERSITY'S VISION AND STRATEGIC PLAN, 2021-2026," WHICH REPLACED THE CONTINUOUS UNIVERSITY STRATEGIC PLANNING (CUSP) PROCESS (2015-2021).</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Fordham University

Employer identification number

13-1740451

Return Reference - Identifier	Explanation
	<p>EDUCATING FOR JUSTICE RE-ENVISIONS FORDHAM'S DYNAMIC MISSION - A MISSION ROOTED IN ITS 184-YEAR HISTORY-FOR THE POST-PANDEMIC WORLD OF THE MID-TWENTY-FIRST CENTURY. THE PLAN CHARTS A PATH FOR THE UNIVERSITY TO BECOME EVER MORE FULLY ITSELF THROUGH MISSION-DRIVEN INNOVATION.</p>
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS - HIGHER EDUCATION</p>	<p>PROGRAM SERVICE ACCOMPLISHMENTS: FORDHAM UNIVERSITY IS AN INDEPENDENT, NOT-FOR-PROFIT, COEDUCATIONAL, INSTITUTION OF HIGHER LEARNING, IN THE JESUIT TRADITION. FORDHAM UNIVERSITY SERVES AND EDUCATES APPROXIMATELY 10,200 UNDERGRADUATE STUDENTS AND 5,200 GRADUATE AND PROFESSIONAL STUDENTS. THE UNIVERSITY AWARDS 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.</p> <p>THE UNIVERSITY'S PRINCIPAL LOCATIONS INCLUDE RESIDENTIAL CAMPUSES IN NEW YORK CITY AND LONDON, A CAMPUS IN WEST HARRISON, NEW YORK, AND A BIOLOGICAL FIELD STATION IN ARMONK, NEW YORK. IN ADDITION TO THESE LOCATIONS, THE UNIVERSITY HOLDS A NUMBER OF AFFILIATIONS WITH HIGHER EDUCATION INSTITUTIONS ACROSS THE GLOBE AND OFFERS ONLINE CLASSES AND ONLINE DEGREE PROGRAMS.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>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 AUDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING THE RETURN TO THE AUDIT AND RISK MANAGEMENT COMMITTEE. FOLLOWING A FORMAL PRESENTATION TO THE AUDIT AND RISK MANAGEMENT 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.</p>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>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 VARIOUS MANNERS OF 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.</p>
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>COMPENSATION REVIEW: THE BOARD IS COMMITTED TO MAINTAINING A REBUTTABLE PRESUMPTION OF REASONABLENESS IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAWS GOVERNING NOT FOR PROFIT COMPENSATION. ACCORDINGLY, THE COMPENSATION COMMITTEE OF THE BOARD IS CHARGED TO DETERMINE COMPENSATION FOR THE PRESIDENT AND OTHER UNIVERSITY OFFICERS, FOLLOWING THE GUIDELINES OUTLINED IN THE COMMITTEE'S COMPENSATION CHARTER AND THE SPIRIT OF THE UNIVERSITY'S COMPENSATION PHILOSOPHY. THE COMMITTEE CONDUCTS ITS REVIEW PROCESS AS SPECIFIED IN THE CHARTER WHEN HIRING A NEW OFFICER OR NEGOTIATING OR ADJUSTING EXECUTIVE COMPENSATION ARRANGEMENTS.</p> <p>THE COMPENSATION FOR THE PRESIDENT IS REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD USING COMPENSATION DATA FROM PEER INSTITUTIONS, COMPILED BY AN INDEPENDENT COMPENSATION EXPERT. AFTER THE REVIEW, THE COMPENSATION COMMITTEE OF THE BOARD DOCUMENTS THEIR RATIONALE, MAKES A COMPENSATION RECOMMENDATION, SUBMITS THE DECISION TO THE EXECUTIVE COMMITTEE FOR APPROVAL, AND MAINTAINS RECORDS OF THE DELIBERATIONS. THE FINAL DETERMINATION IS REPORTED TO THE BOARD IN EXECUTIVE SESSION.</p> <p>THE PRESIDENT'S COMPENSATION REVIEW TOOK PLACE IN NOVEMBER OF 2025. FORDHAM PRESIDENT TANIA TETLOW HAS FORMALLY EXTENDED HER TENURE THROUGH JUNE 2030.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Fordham University

Employer identification number

13-1740451

Return Reference - Identifier	Explanation																		
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	COMPENSATION REVIEW: UPON THE PRESIDENT'S RECOMMENDATION, THE COMPENSATION COMMITTEE OF THE BOARD, CONSISTING OF INDEPENDENT BOARD MEMBERS WITH NO CONFLICTS OF INTEREST AS DEFINED BY FEDERAL AND STATE REGULATIONS, REVIEWS COMPENSATION FOR OTHER UNIVERSITY OFFICERS. THIS REVIEW IS CONDUCTED USING RELEVANT COMPARABILITY DATA COMPILED BY AN INDEPENDENT COMPENSATION EXPERT. FOLLOWING THE REVIEW, THE COMMITTEE DETERMINES COMPENSATION, DOCUMENTS THE BASIS FOR ITS DECISION, AND MAINTAINS APPROPRIATE RECORDS. THE PRESIDENT THEN REPORTS THE COMMITTEE'S COMPENSATION DETERMINATION TO THE BOARD IN EXECUTIVE SESSION.																		
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	DOCUMENT AVAILABILITY: FORDHAM UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE CURRENTLY AVAILABLE ON THE UNIVERSITY'S WEBSITE.																		
FORM 990, PART IX, COLUMN (A) -	PAYMENTS ARE MADE TO THE SOCIETY OF JESUS FOR MEMBERS OF THE JESUIT COMMUNITY FOR THEIR SERVICES TO FORDHAM UNIVERSITY. TOTAL PAYMENTS TO THE JESUIT COMMUNITY IN CALENDAR YEAR 2024 TOTALED \$1,952,050.																		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 745 1304 777">(a) Description</th> <th data-bbox="1312 745 1515 777">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 787 1304 808">CHANGE IN VALUE OF INTEREST RATE SWAP</td> <td data-bbox="1312 787 1515 808">- 345,726</td> </tr> <tr> <td data-bbox="467 814 1304 861">CHANGE IN POST RETIREMENT HEALTH BENEFITS OTHER THAN NET PERIODIC BENEFIT COST</td> <td data-bbox="1312 814 1515 861">- 11,947,000</td> </tr> <tr> <td data-bbox="467 867 1304 892">NET PERIODIC BENEFIT COST OTHER THAN SERVICE COST</td> <td data-bbox="1312 867 1515 892">1,800,000</td> </tr> <tr> <td data-bbox="467 898 1304 924">CHANGE IN FAIR VALUE OF PERPETUAL TRUST</td> <td data-bbox="1312 898 1515 924">- 57,134</td> </tr> <tr> <td data-bbox="467 930 1304 955">LONDON PGM EXP &amp; CURRENCY ADJ</td> <td data-bbox="1312 930 1515 955">- 3,204,941</td> </tr> <tr> <td data-bbox="467 961 1304 987">CHANGE IN LONDON NET ASSETS</td> <td data-bbox="1312 961 1515 987">246,656</td> </tr> <tr> <td data-bbox="467 993 1304 1018">CHANGE IN LONDON CASH</td> <td data-bbox="1312 993 1515 1018">46,071</td> </tr> <tr> <td data-bbox="467 1024 1304 1050"><b>TOTAL</b></td> <td data-bbox="1312 1024 1515 1050"><b>- 13,462,074</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN VALUE OF INTEREST RATE SWAP	- 345,726	CHANGE IN POST RETIREMENT HEALTH BENEFITS OTHER THAN NET PERIODIC BENEFIT COST	- 11,947,000	NET PERIODIC BENEFIT COST OTHER THAN SERVICE COST	1,800,000	CHANGE IN FAIR VALUE OF PERPETUAL TRUST	- 57,134	LONDON PGM EXP & CURRENCY ADJ	- 3,204,941	CHANGE IN LONDON NET ASSETS	246,656	CHANGE IN LONDON CASH	46,071	<b>TOTAL</b>	<b>- 13,462,074</b>
(a) Description	(b) Amount																		
CHANGE IN VALUE OF INTEREST RATE SWAP	- 345,726																		
CHANGE IN POST RETIREMENT HEALTH BENEFITS OTHER THAN NET PERIODIC BENEFIT COST	- 11,947,000																		
NET PERIODIC BENEFIT COST OTHER THAN SERVICE COST	1,800,000																		
CHANGE IN FAIR VALUE OF PERPETUAL TRUST	- 57,134																		
LONDON PGM EXP & CURRENCY ADJ	- 3,204,941																		
CHANGE IN LONDON NET ASSETS	246,656																		
CHANGE IN LONDON CASH	46,071																		
<b>TOTAL</b>	<b>- 13,462,074</b>																		

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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) FORDHAM WATERFRONT HOLDINGS, LLC 3341 COUNTRY CLUB ROAD, BRONX, NY 10465	HOLDING CO.	NY	0	2,700,000	FORDHAM U.
(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 138 HOUNDSDITCH EC3A 7AR, LONDON, EC3A 7AR, UK	EDUCATION	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			FORDHAM U.	✓	
(2) FORDHAM UNIVERSITY UK CHARITABLE TRUST 138 HOUNDSDITCH EC3A 7AR, LONDON, EC3A 7AR, UK	EDUCATION	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			FORDHAM U.	✓	
(3) CHARITABLE TRUST UW THOMAS M. TOMASIC (34-6962135) 441 E FORDHAM ROAD FMH 512, BRONX, NY 10458-5170	FOUNDATION	OH	501(C)(3)	PF	FORDHAM U.	✓	
(4)							
(5)							
(6)							
(7)							

**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)(SEE STATEMENT)-----									
(2)-----									
(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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	✓	

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FORDHAM UNIVERSITY UK CHARITABLE TRUST	R	3,090,720	COST
(2)	CHARITABLE REMAINDER TRUST	S	275,333	FMV
(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) .....													
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(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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 (1) (OH)	INVESTMENT	OH		TRUST				✓	
(2) CHARITABLE REMAINDER TRUST (12) (NY)	INVESTMENT	NY		TRUST				✓	